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Other Reportable Conditions Case Report: Acute Flaccid Myelitis

Quick Reference Guide

May 2024

Document Control Information

Document Information

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1.0	05/16/2024	Finalized Draft per KHIE Review	KHIE/Deloitte Consulting

Table of Contents

1 Introduction

Overview

This training manual covers the unique functionalities for the Acute Flaccid Myelitis condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. The Acute Flaccid Myelitis condition contains a unique *Specimen Details* section on the **Laboratory Information** screen, unique *Preexisting Conditions* and *Medical Imaging* sections on the **Applicable Conditions** screen, and unique autopsy-related questions on the **Hospitalization, ICU, & Death Information** screen. Additionally, the Acute Flaccid Myelitis condition captures vaccination and treatment details on the **Vaccination History** screen and the **Treatment Information** screen. All other screens for the Acute Flaccid Myelitis 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

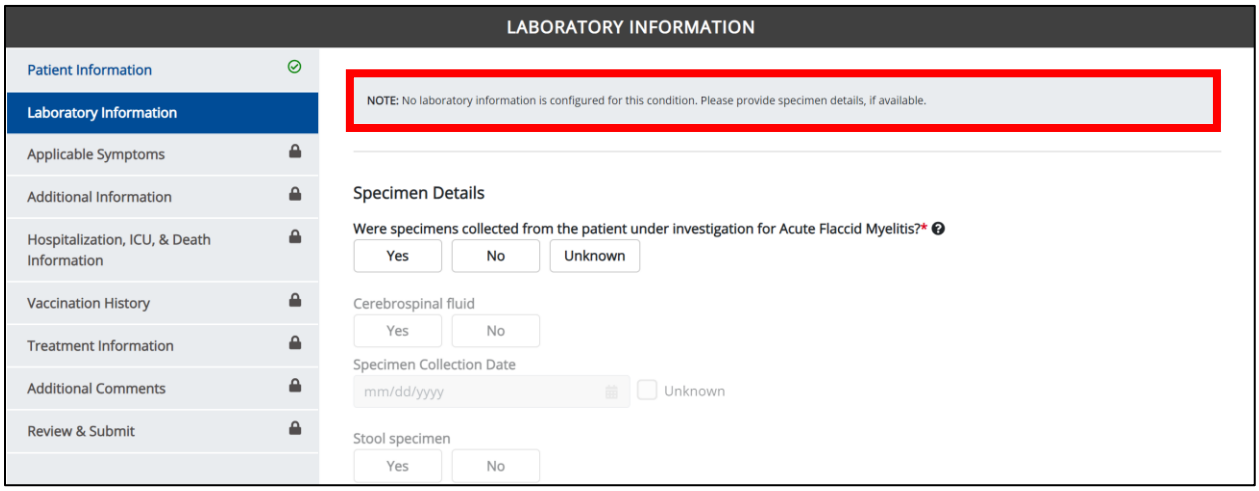
To access the ePartnerViewer, Users must meet the following specifications:

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 Laboratory Information

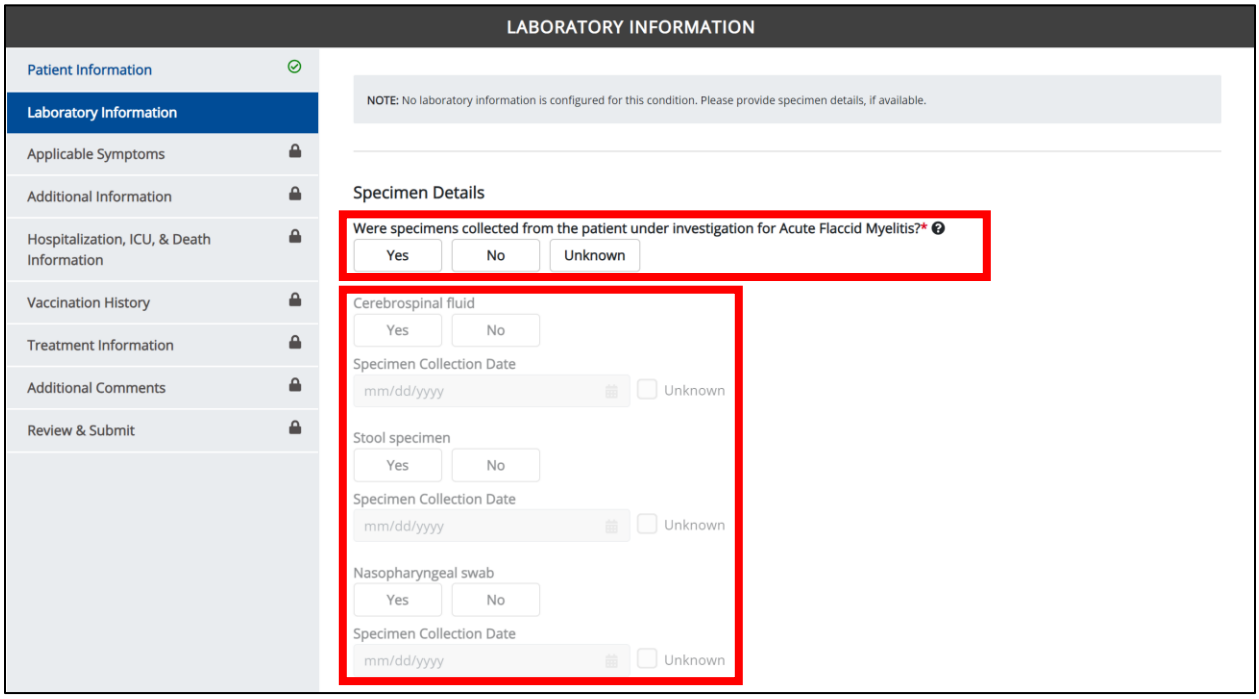
1. On the **Laboratory Information** screen, the following message displays at the top: ***NOTE**: No laboratory information is configured for this condition. Please provide specimen details, if available.*



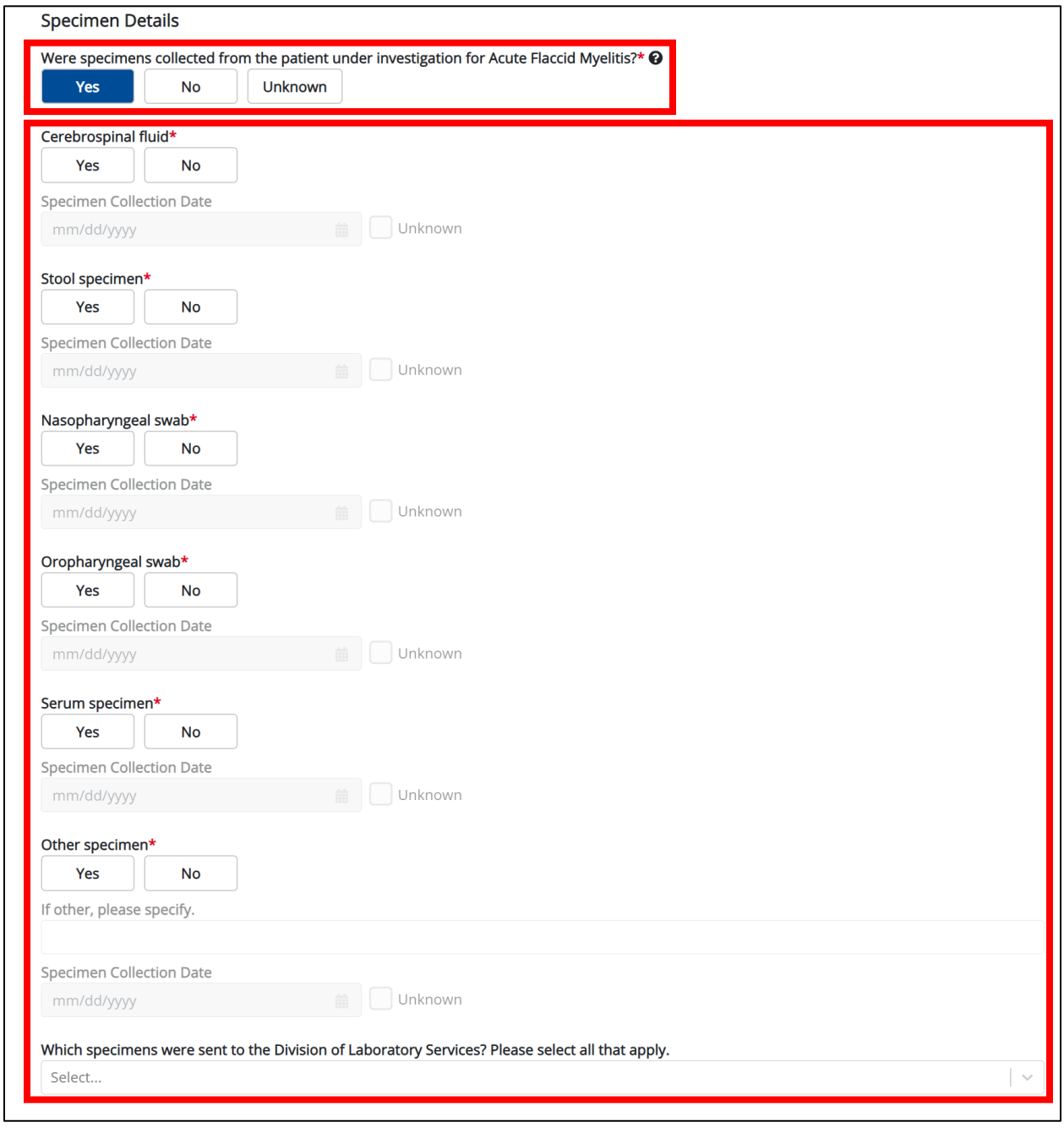
Adding Specimen Details

The *Specimen Details* section captures specimen details collected for Acute Flaccid Myelitis.

2. Select the **appropriate answer** for the conditional field at the top of the *Specimen Details* section: *Were specimens collected from the patient under investigation for Acute Flaccid Myelitis?*



- If ***Yes*** is selected, the subsequent specimen-related fields on the screen are enabled. When ***Yes*** is selected, please enter <u>at least one</u> specimen with the specimen collection date.



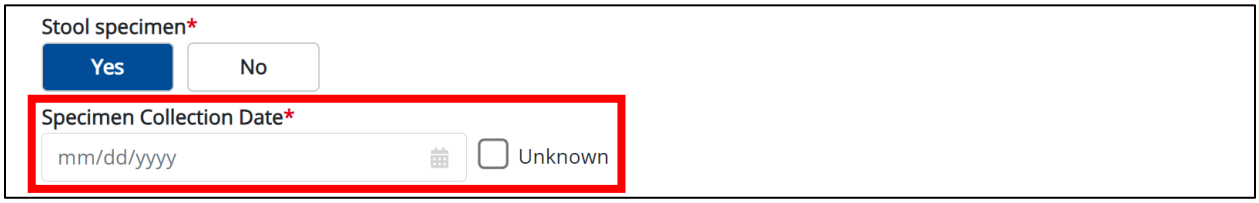
Please Note: If ***No*** or ***Unknown*** is selected for the conditional question, all subsequent specimen-related fields are disabled.

3. Select the **appropriate answer** for the field: *Cerebrospinal fluid*.

- If ***Yes*** is selected, the subsequent field is enabled. Enter the **Specimen Collection Date**.

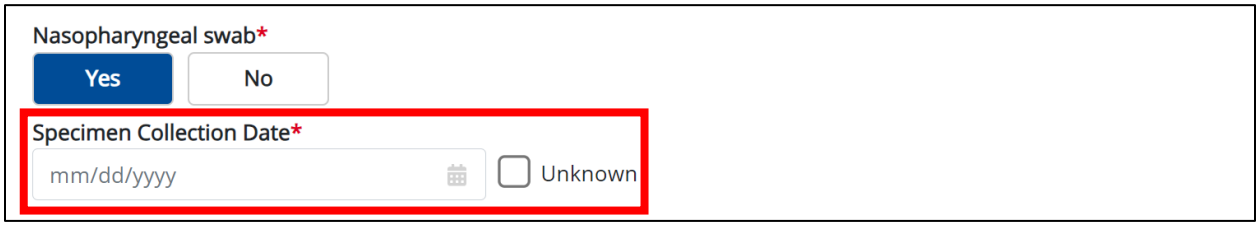
4. Select the **appropriate answer** for the field: *Stool specimen*.

- If ***Yes*** is selected, the subsequent field is enabled. Enter the **Specimen Collection Date**.



5. Select the **appropriate answer** for the field: *Nasopharyngeal swab*.

- If ***Yes*** is selected, the subsequent field is enabled. Enter the **Specimen Collection Date**.



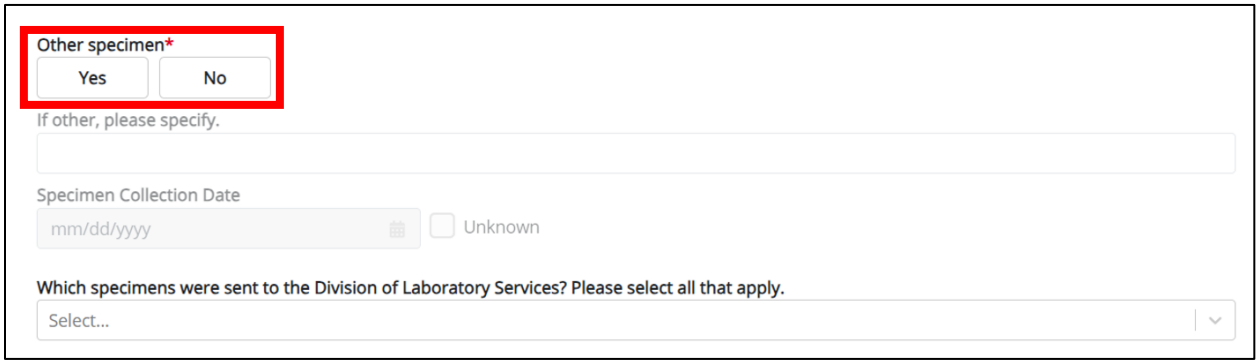
6. Select the **appropriate answer** for the field: *Oropharyngeal swab*.

- If ***Yes*** is selected, the subsequent field is enabled. Enter the **Specimen Collection Date**.

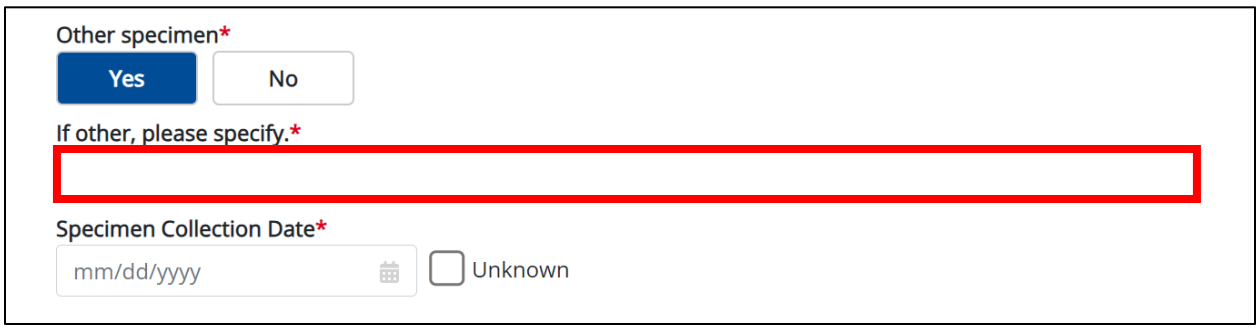
7. Select the **appropriate answer** for the field: *Serum specimen*.

- If ***Yes*** is selected, the subsequent field is enabled. Enter the **Specimen Collection Date**.

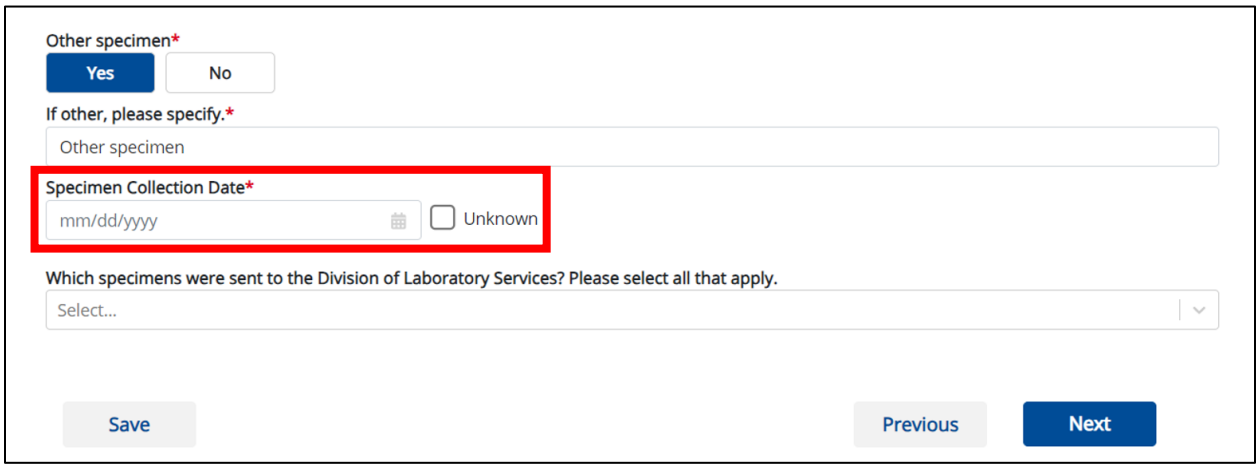
8. Select the **appropriate answer** for the field: *Other specimen*.



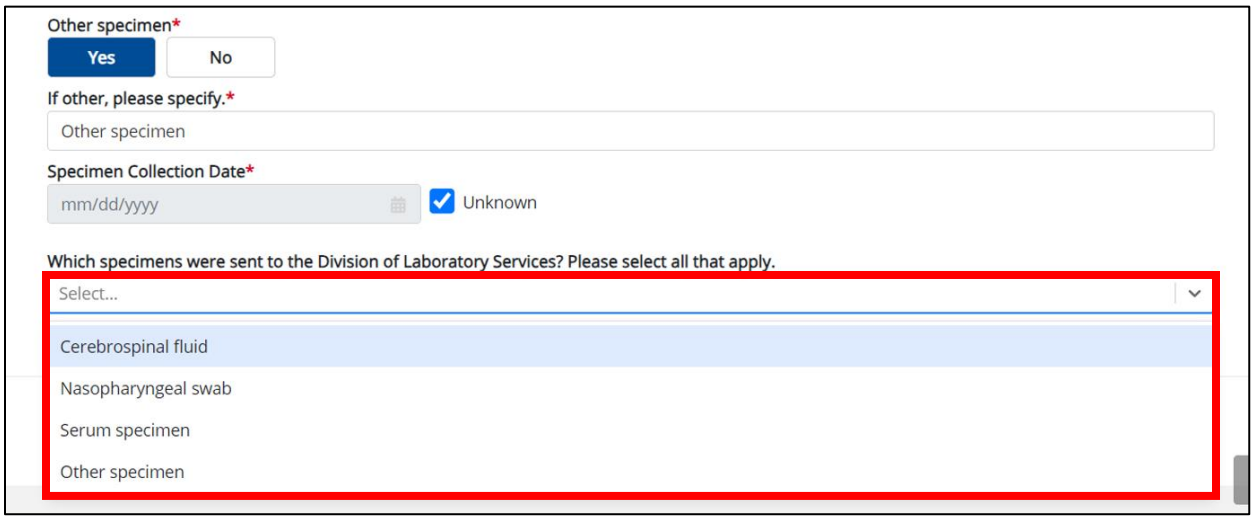
- If ***Yes*** is selected the subsequent field is enabled. Enter the **specimen type** in the subsequent textbox: *If other, please specify*.



- If ***Yes*** is selected, the subsequent field is enabled. Enter the **Specimen Collection Date**.

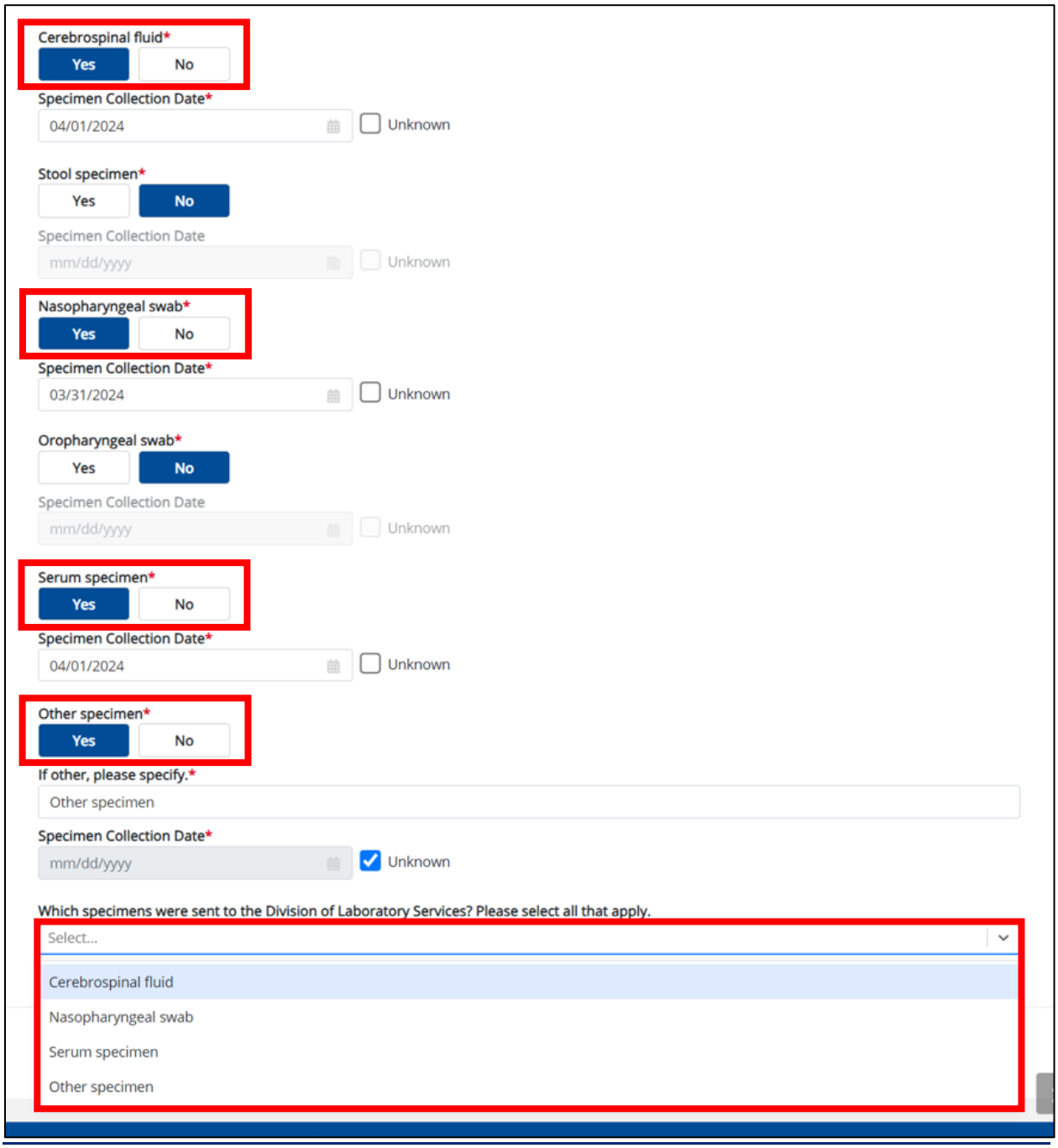


9. If applicable, select the **appropriate specimen(s) that were sent to the Division of Laboratory Services** from the multi-select dropdown menu for the field: *Which specimens were sent to the Division of Laboratory Services? Please select all that apply.*

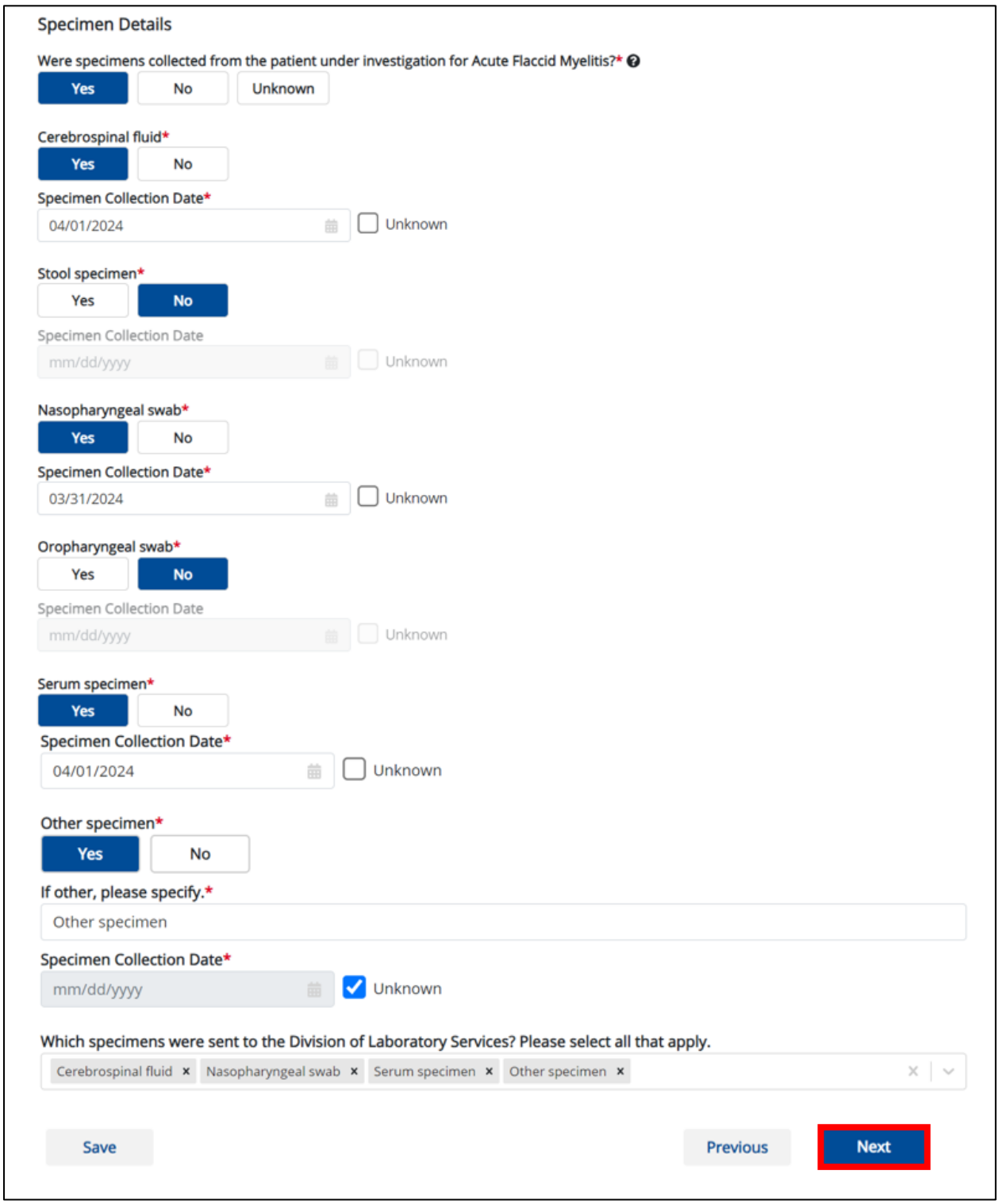


Please Note: Only the specimens that were selected as ***Yes*** will display as the dropdown menu options in the multi-select dropdown menu for the field: *Which specimens were sent to the Division of Laboratory Services? Please select all that apply*.

In the example below, the following specimens were selected as ***Yes*** and display as the multi-select dropdown menu options: ***Cerebrospinal fluid***, ***Nasopharyngeal swab***, ***Serum specimen***, and ***Other specimen***.

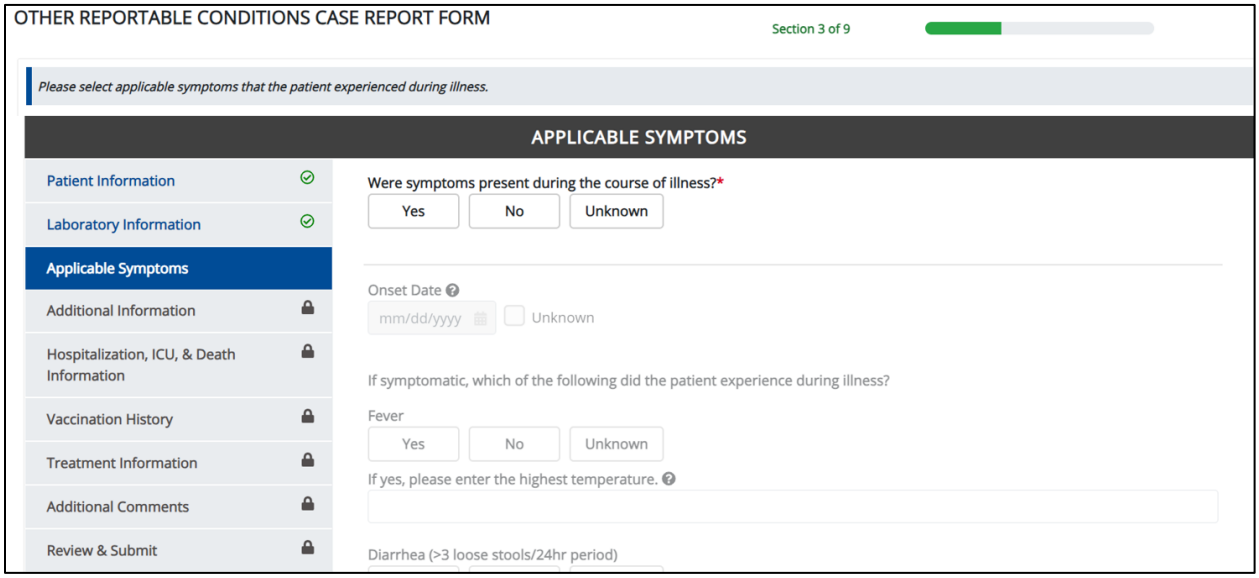


10. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.

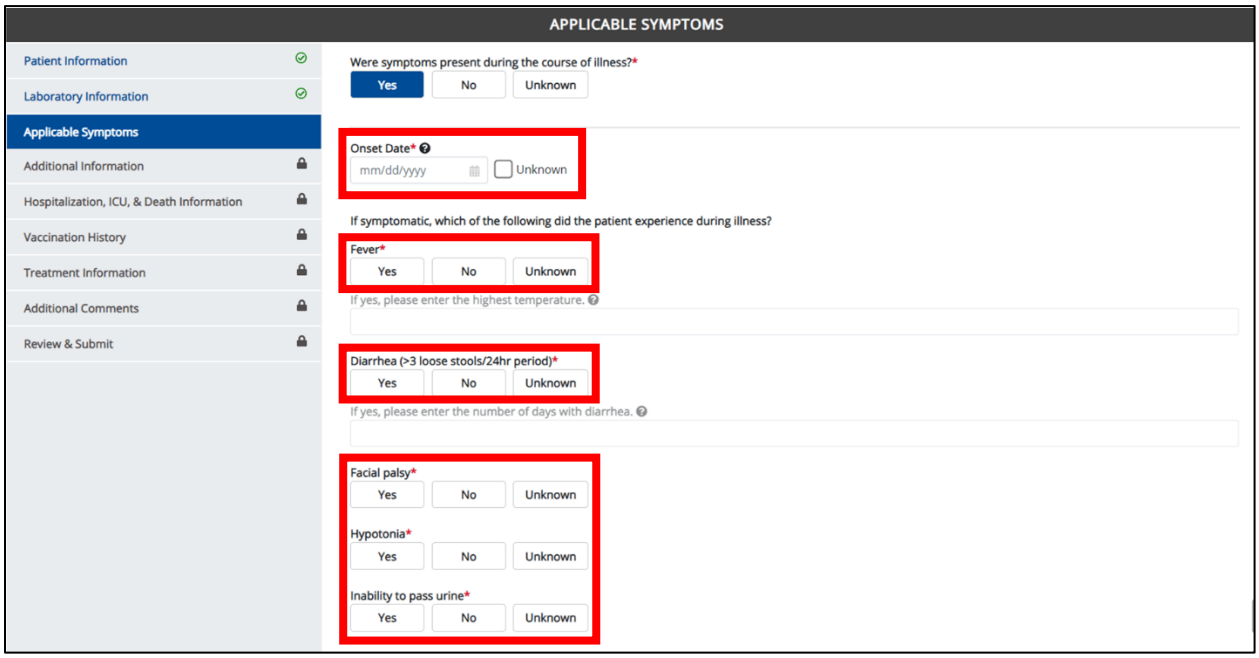


3 Applicable Symptoms

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*?



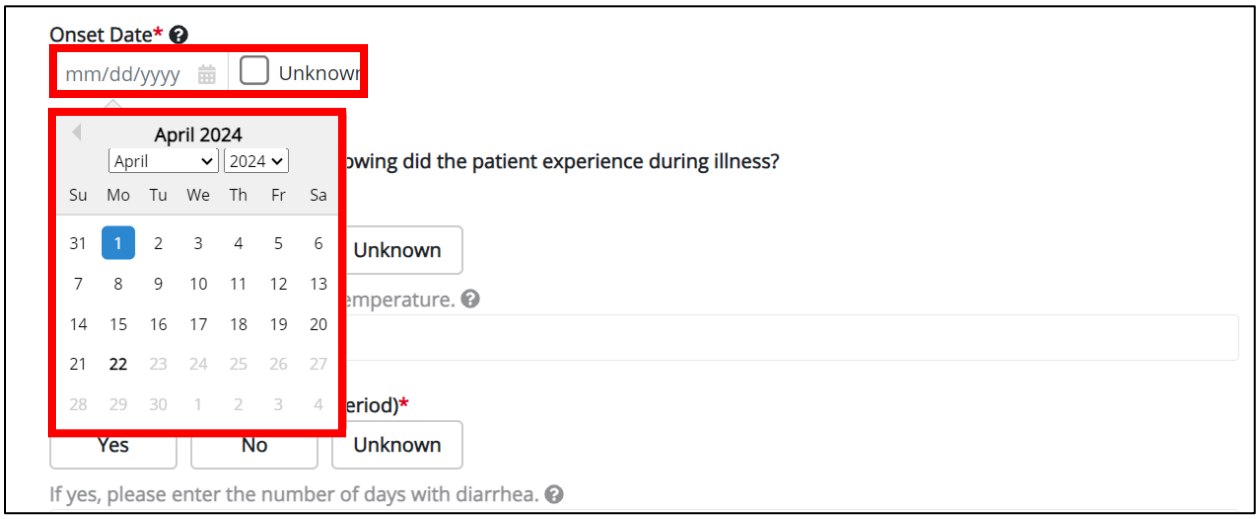
2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.



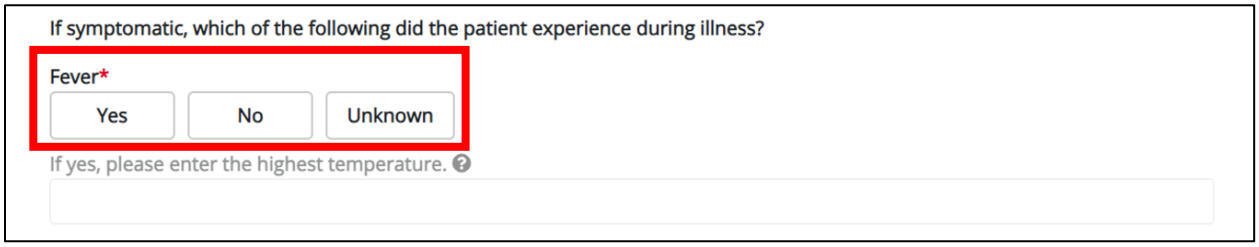
Please Note: If ***No*** is selected for the conditional question, all subsequent symptom fields are disabled and marked with ***No***. If ***Unknown*** is selected for the conditional question, all subsequent symptom fields are disabled and marked as ***Unknown***.

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

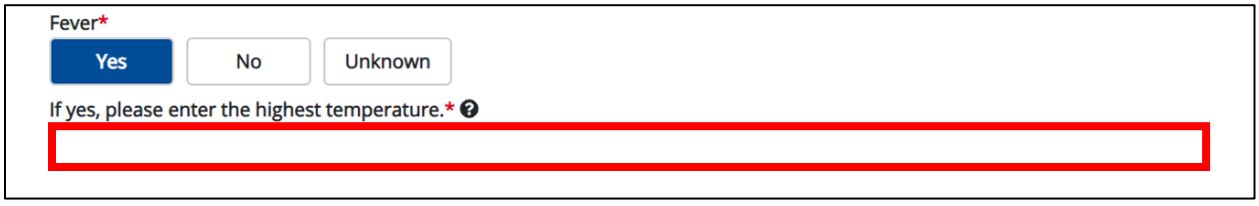
- If the onset date is unknown, click the ***Unknown*** checkbox.



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

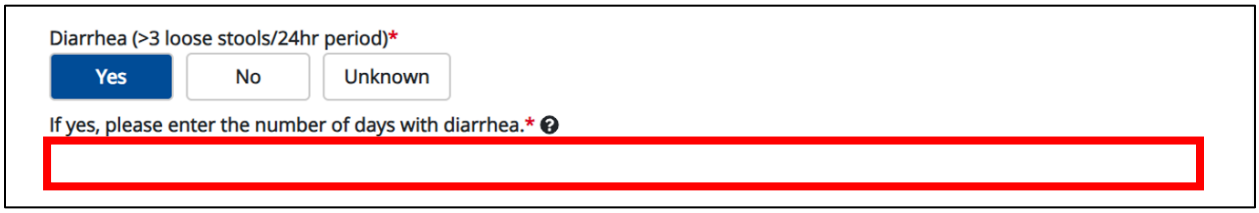


- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature*.

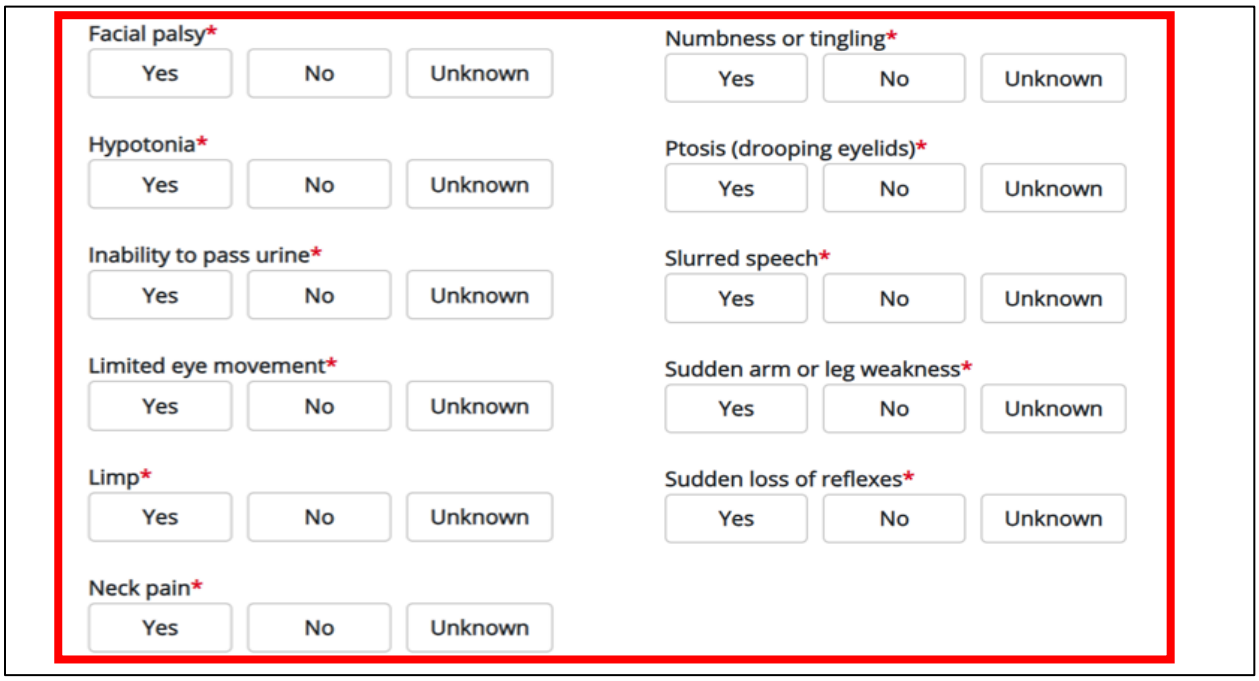


5. To report the patient had diarrhea during the illness, select the **appropriate answer** for the field: *Diarrhea (>3 loose stools/24hr period).*

- 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*.

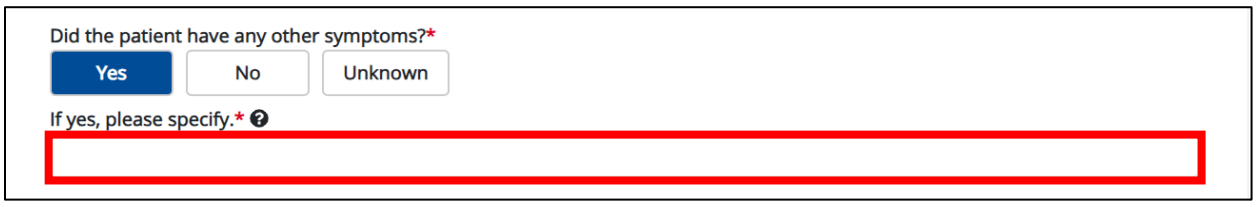


6. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:



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

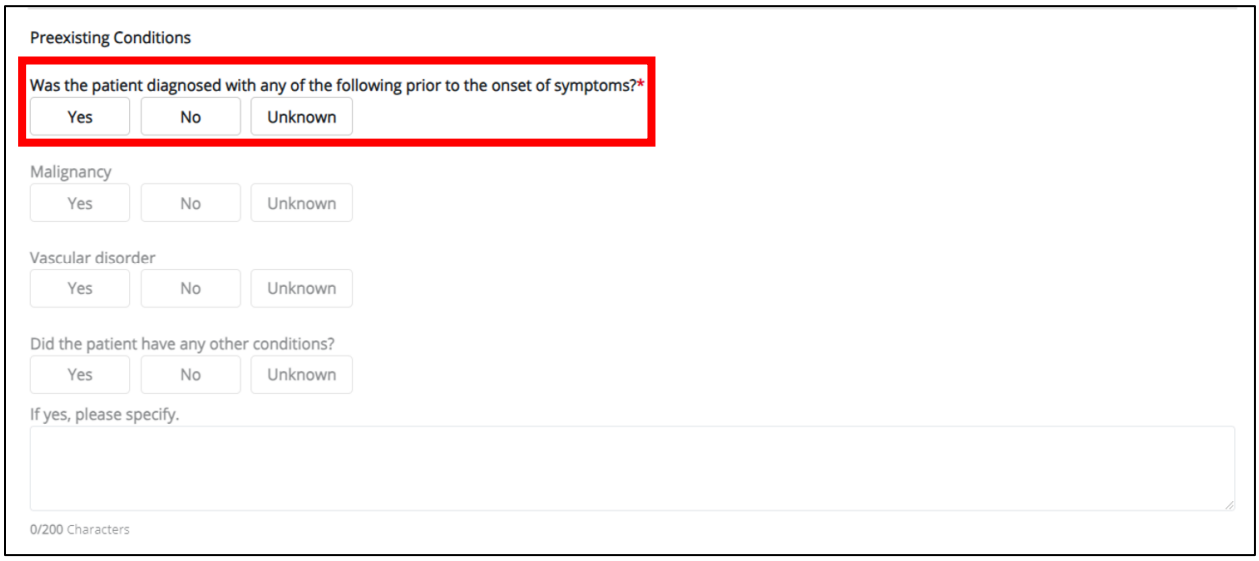
8. If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's other symptoms** in the subsequent textbox: *If yes, please specify*.



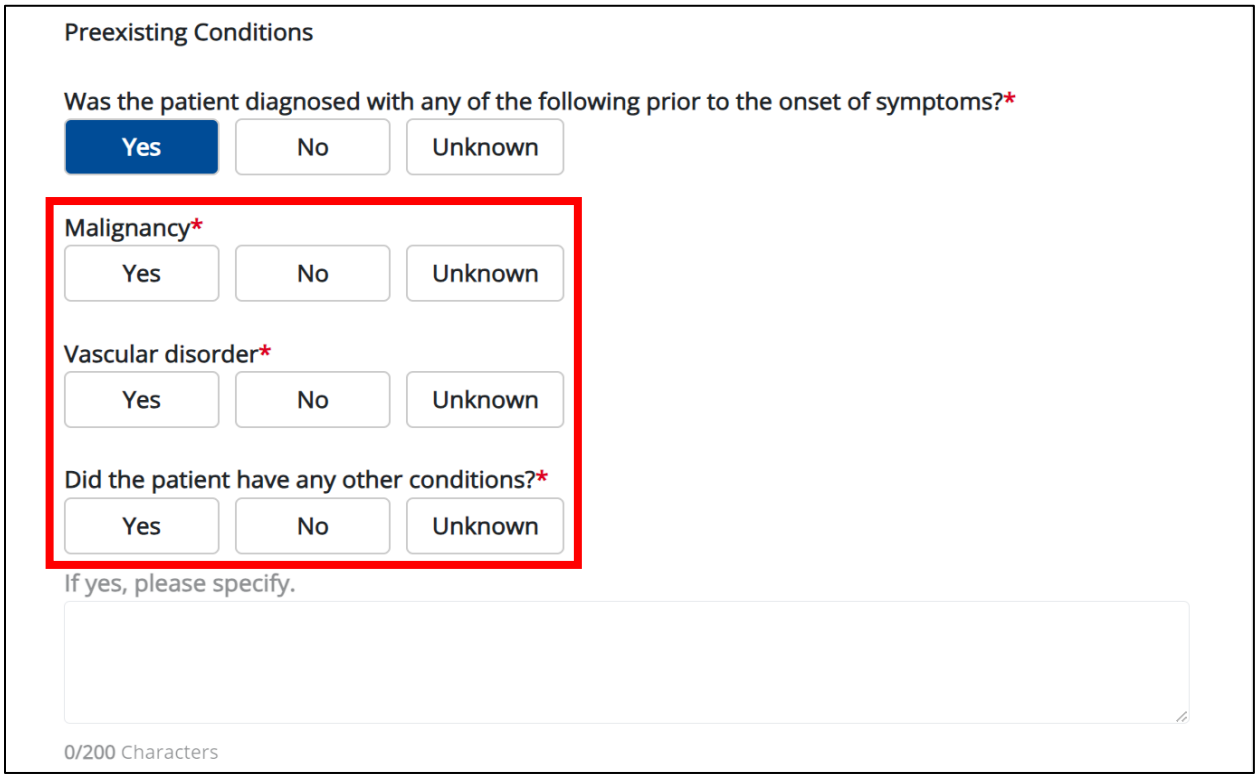
Preexisting Conditions

The *Preexisting Conditions* section captures whether the patient was diagnosed with other conditions prior to the onset of Acute Flaccid Myelitis symptoms.

9. Select the **appropriate answer** for the conditional question at the top of the *Preexisting Conditions* section: *Was the patient diagnosed with any of the following prior to the onset of symptoms?*

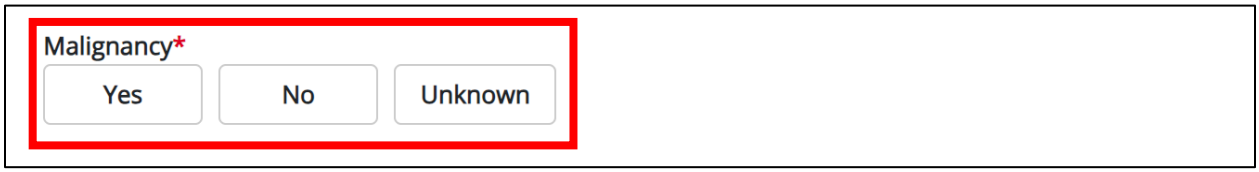


10. If ***Yes*** is selected for the conditional question, the subsequent fields in the section are enabled.



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

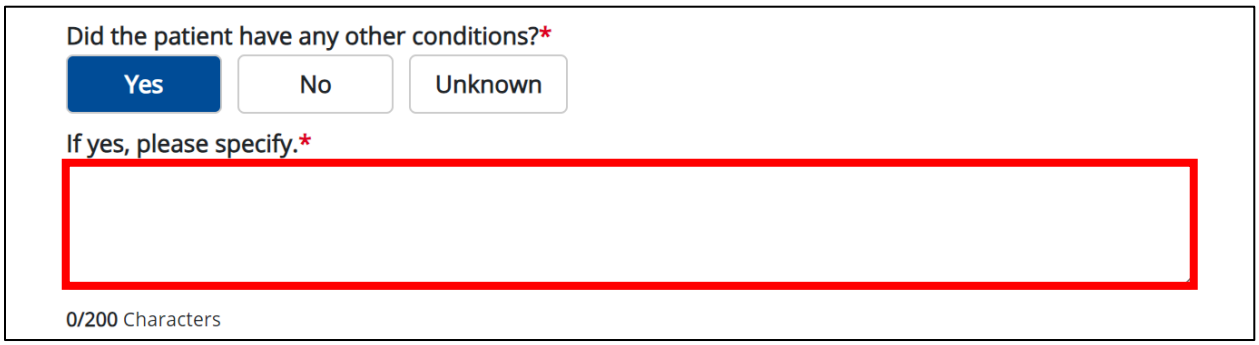
11. Select the **appropriate answer** for the field: *Malignancy.*



12. Select the **appropriate answer** for the field: *Vascular disorder*.

13. Select the **appropriate answer** for the field: *Did the patient have any other conditions?*

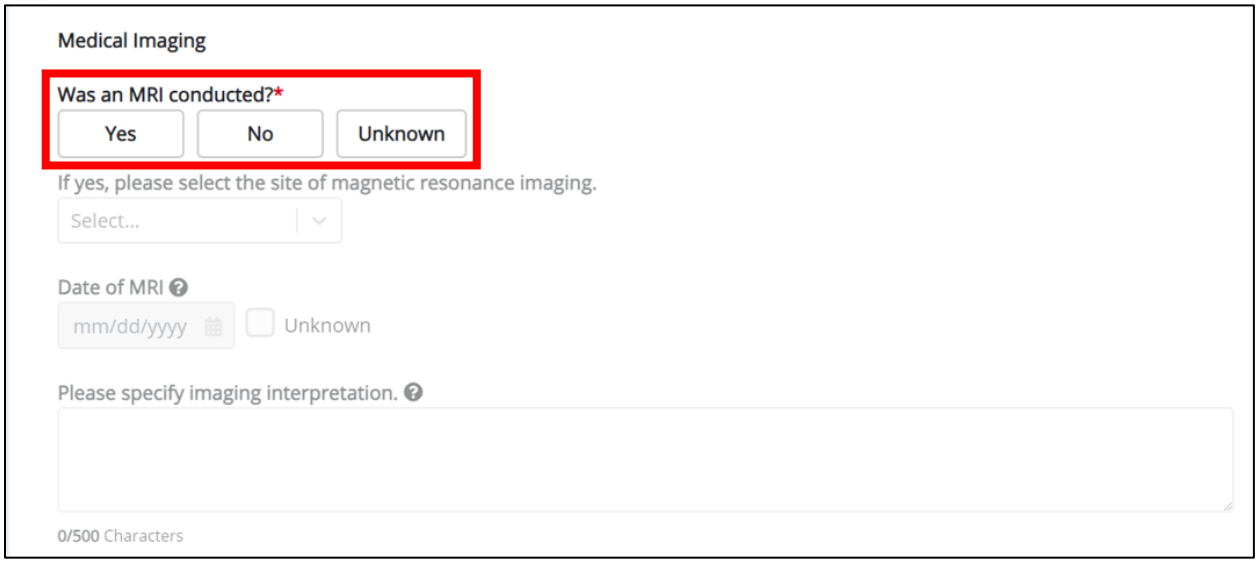
- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's other preexisting conditions** in the subsequent textbox: *If yes, please specify*.



Medical Imaging

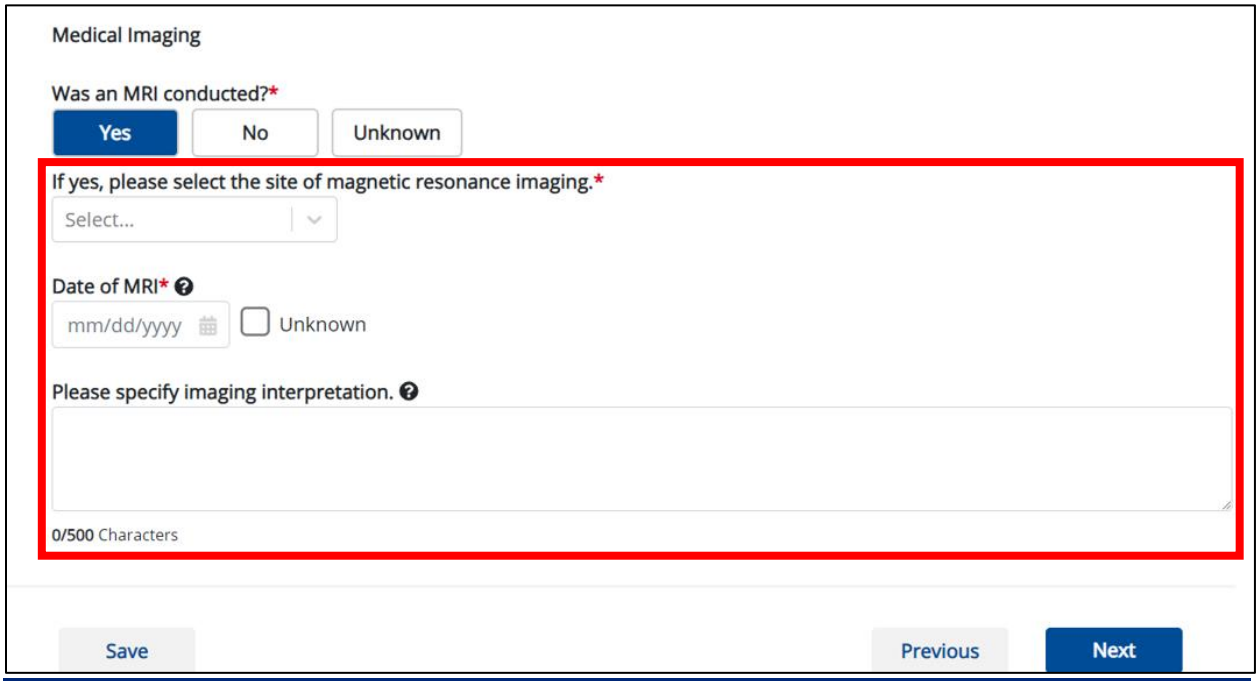
The *Medical Imaging* section captures MRI details for the patient for Acute Flaccid Myelitis.

14. Select the **appropriate answer** for the conditional question at the top of the *Medical Imaging* section: *Was an MRI conducted?*

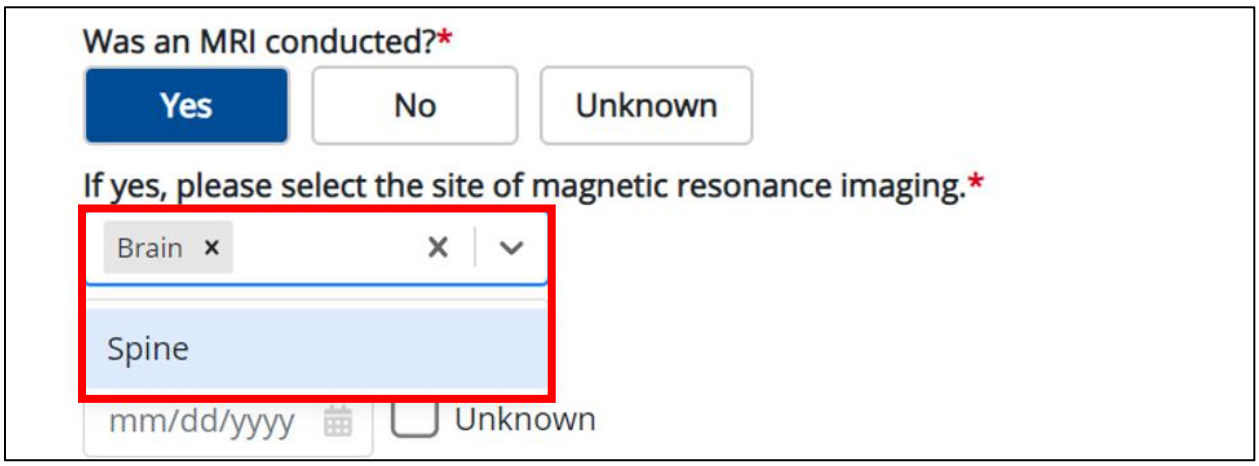


Please Note: If ***No*** or ***Unknown*** is selected for the conditional question, all subsequent medical imaging fields are disabled.

15. If ***Yes*** is selected for the conditional question, the subsequent fields in the section are enabled.



16. Select the **site(s) of magnetic resonance imaging** from the multi-select dropdown menu for the field: *If yes, please select the site of magnetic resonance imaging*.



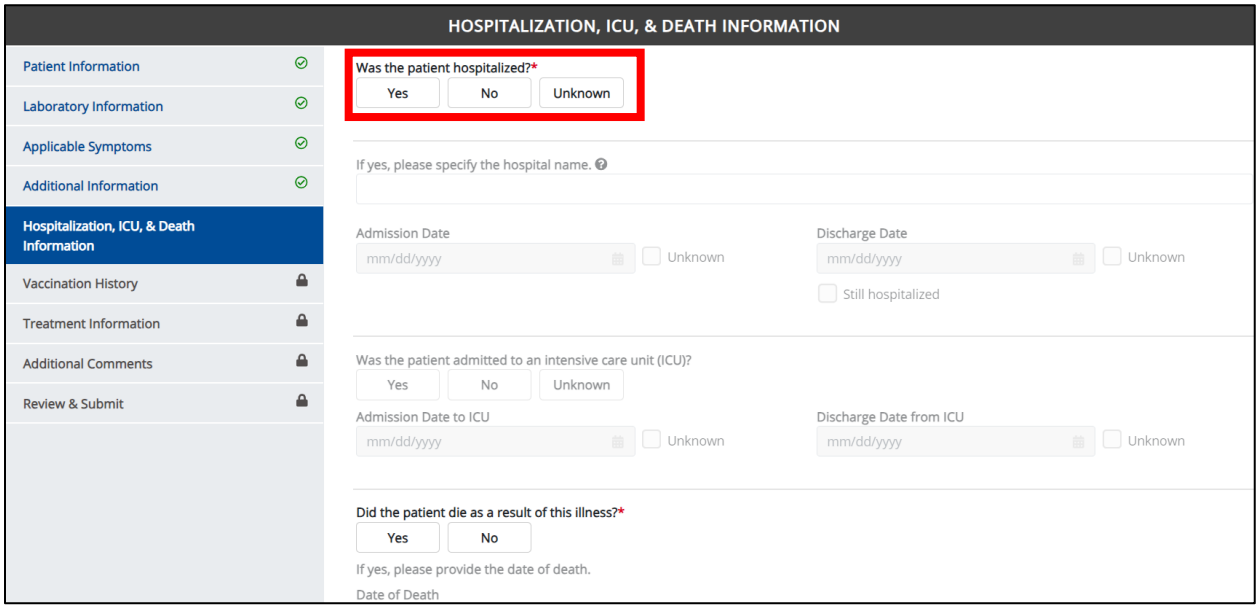
17. Enter the **most recent date of the MRI** in the subsequent field: *Date of MRI*. If the date of the MRI is unknown, click the ***Unknown*** checkbox.

18. If applicable, enter the **imaging interpretation details obtained from the MRI** in the subsequent textbox: *Please specify imaging interpretation.*

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

4 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.

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

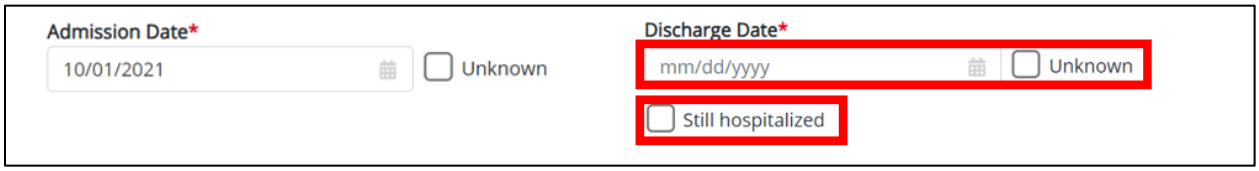
Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

3. If the patient has been hospitalized, enter the **name of the hospital where the patient is/was hospitalized** in the textbox: *If yes, please specify the hospital name*.

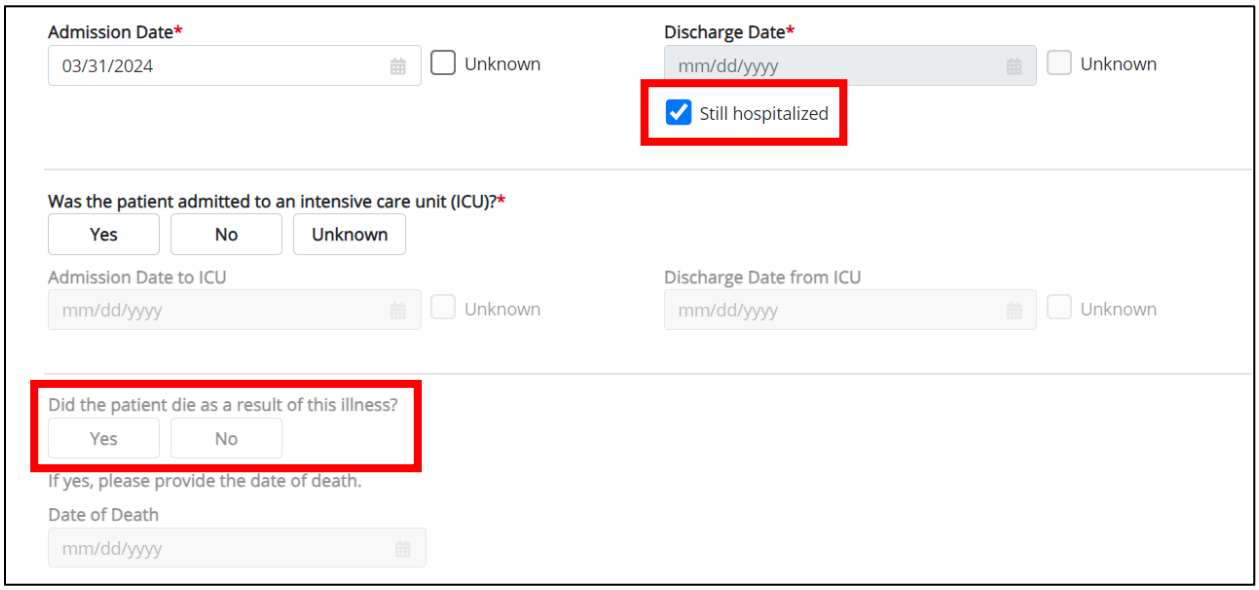
4. Enter the patient's hospitalization **Admission Date**. If the Admission Date is unknown, click the ***Unknown*** checkbox.

5. Enter the patient's hospitalization **Discharge Date**.

- If the patient is still hospitalized, click the ***Still Hospitalized*** checkbox.



- If the ***Still Hospitalized*** checkbox is selected, the subsequent death-related field is disabled: *Did the patient die as a result of this illness?*

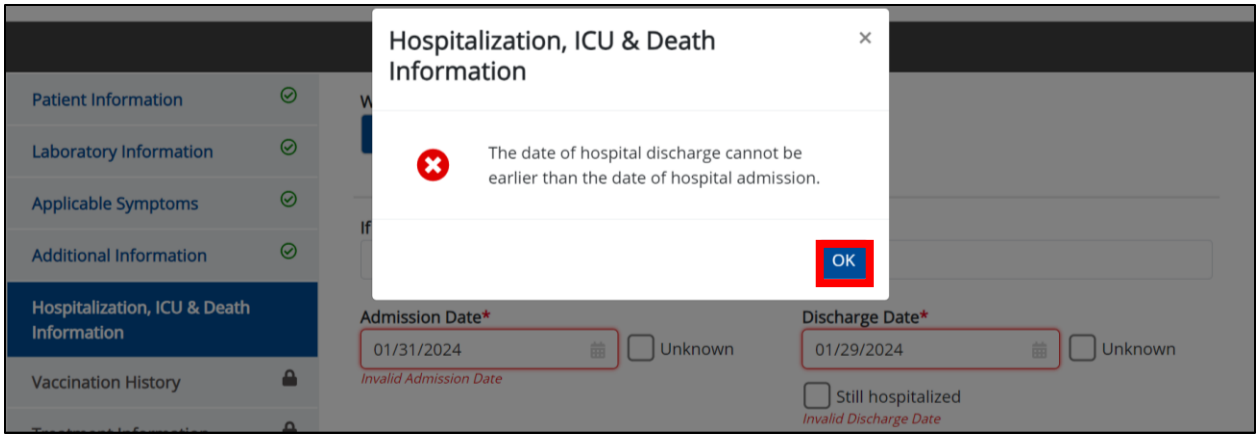


Please Note: The Admission Date **cannot** occur **after** the Discharge Date. The Admission Date must occur on the **same date** or any date **BEFORE** the Discharge Date.

If you enter an Admission Date that occurs after the Discharge Date and click **Next**, both fields are marked as invalid, and the screen is grayed out and displays a pop-up message that states:

The date of hospital discharge cannot be earlier than the date of hospital admission.

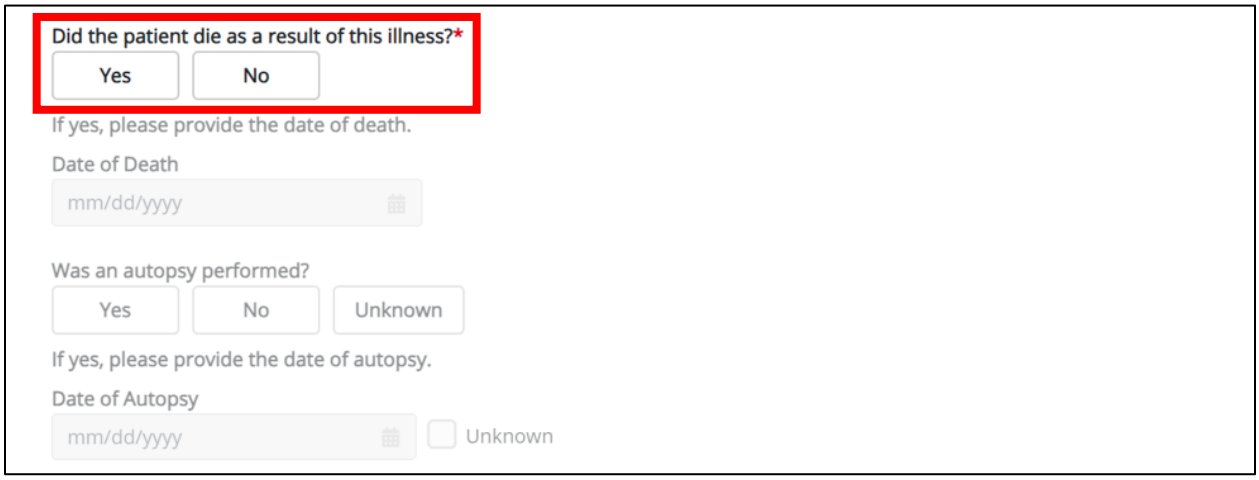
To proceed, you must click **OK** and enter a valid Discharge Date that occurs **on** or **after** the Admission Date.



6. Select the **appropriate answer** for the field: *Was the patient admitted to an intensive care unit (ICU)?*

- If ***Yes*** is selected for the *Was the patient admitted to an intensive care unit (ICU)?* field, the subsequent *Admission Date to ICU* and *Discharge Date from ICU* fields are enabled. Enter the dates for the **Admission Date to ICU** and the **Discharge Date from ICU**.

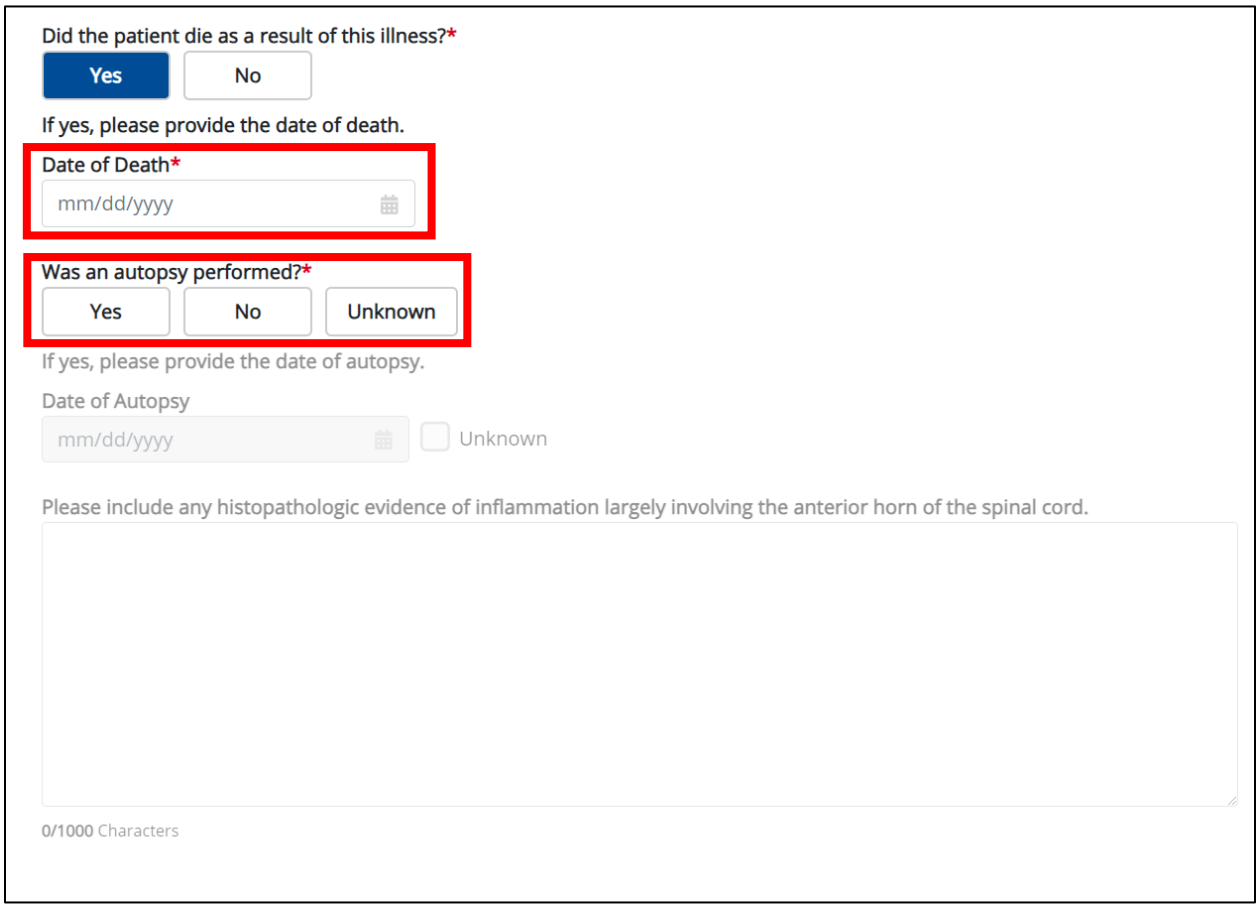
7. Select the **appropriate answer** for the field: *Did the patient die as a result of this illness*?



- If ***Yes*** is selected for the *Did the patient die as a result of this illness?* field, the following subsequent fields are enabled:

8. Enter the patient's **Date of Death** in the subsequent field: *Date of Death*.

9. Select the **appropriate answer** for the subsequent field: *Was an autopsy performed?*

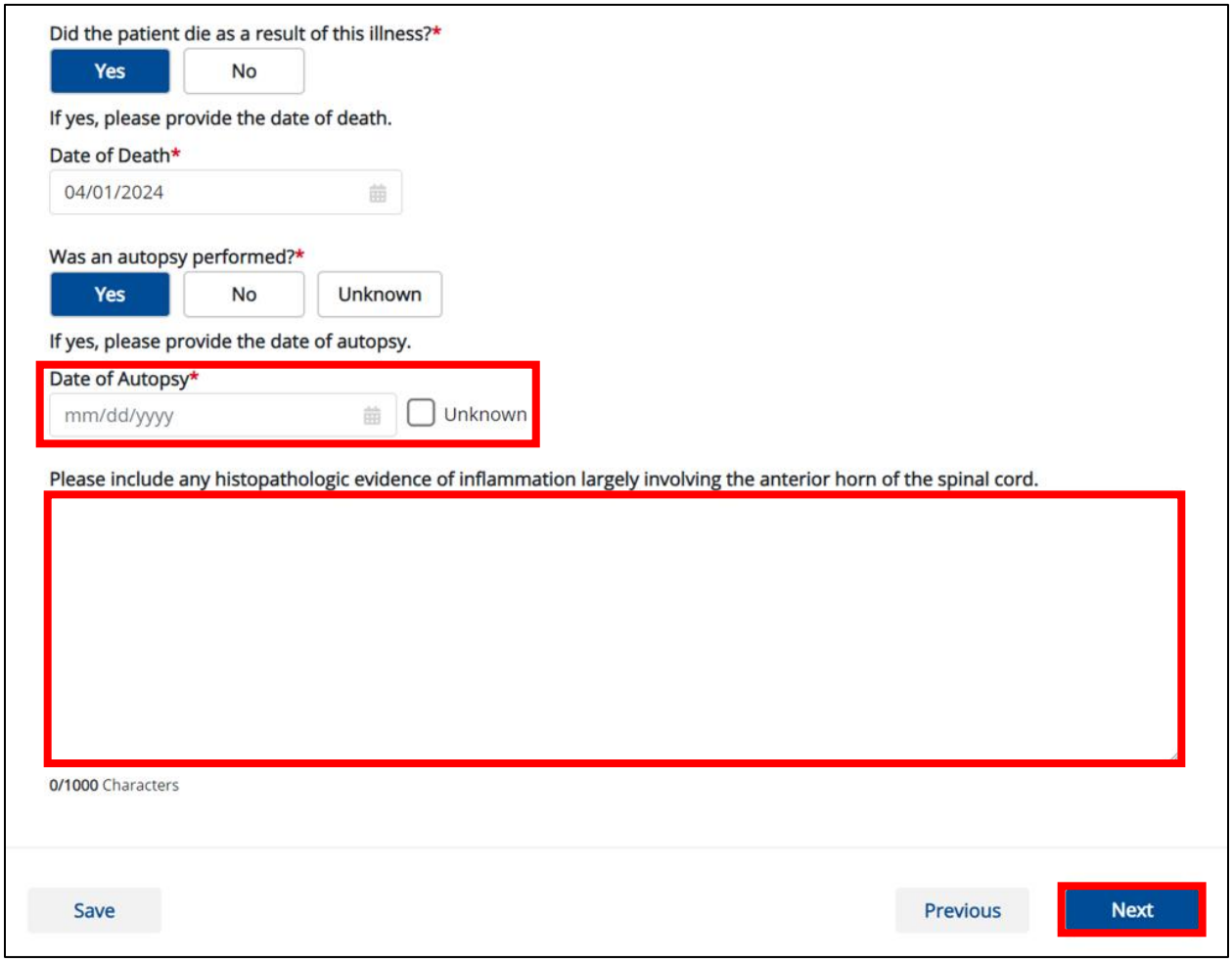


- If ***Yes*** is selected for the *Was an autopsy performed?* field, the subsequent fields are enabled:

10. Enter the patient's **Date of Autopsy** in the subsequent field: *Date of Autopsy*. If the date of autopsy is unknown, click the ***Unknown*** checkbox.

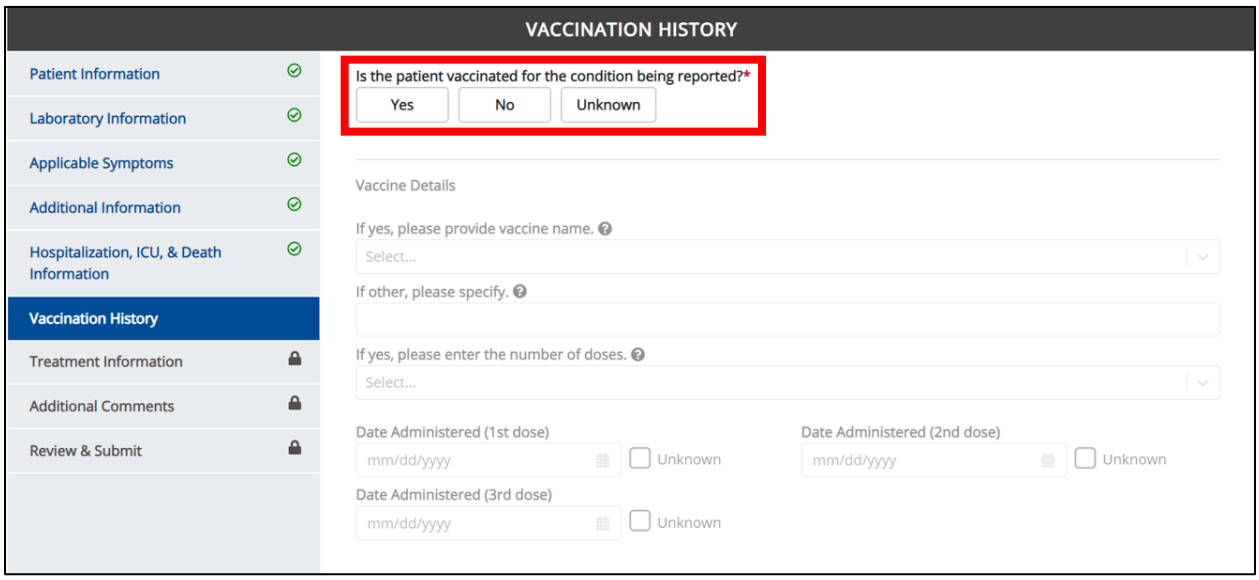
11. Enter the **histopathologic evidence of inflammation** in the subsequent textbox: *Please include any histopathologic evidence of inflammation largely involving the anterior horn of the spinal cord*.

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

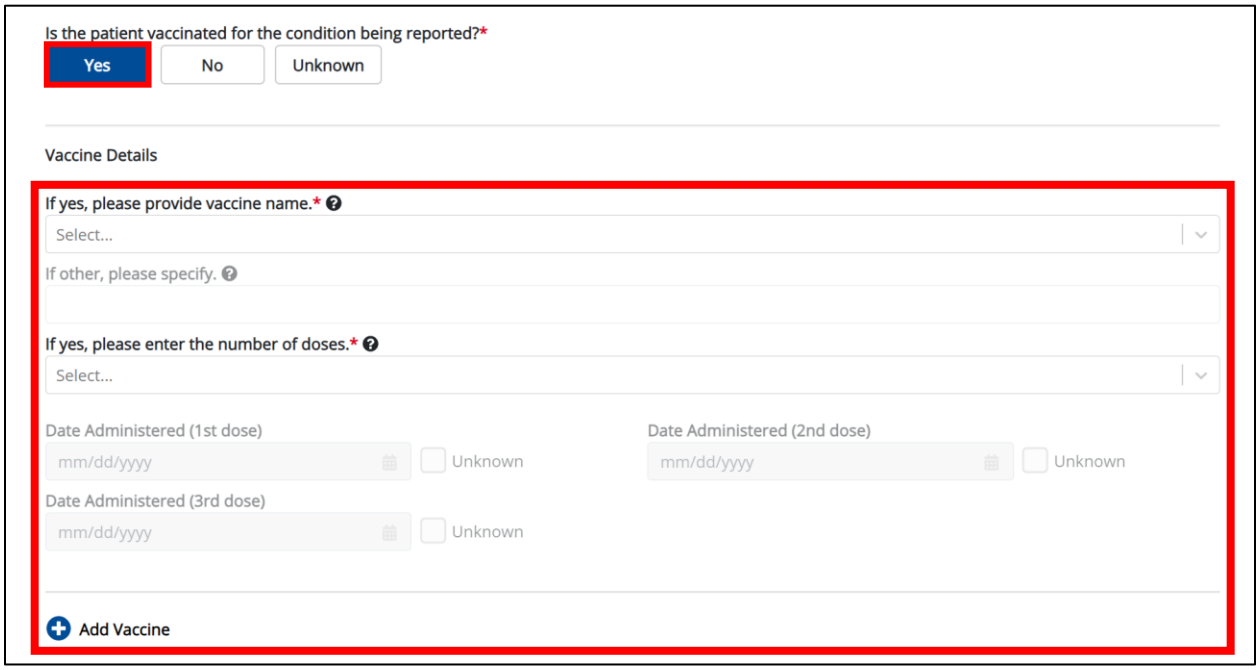


5 Vaccination History

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*?

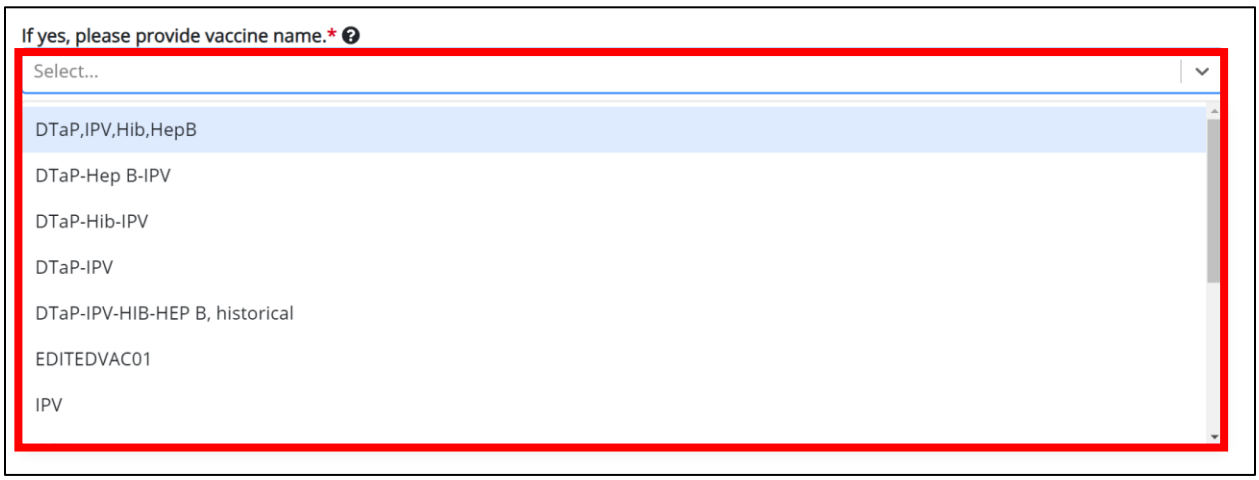


2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.



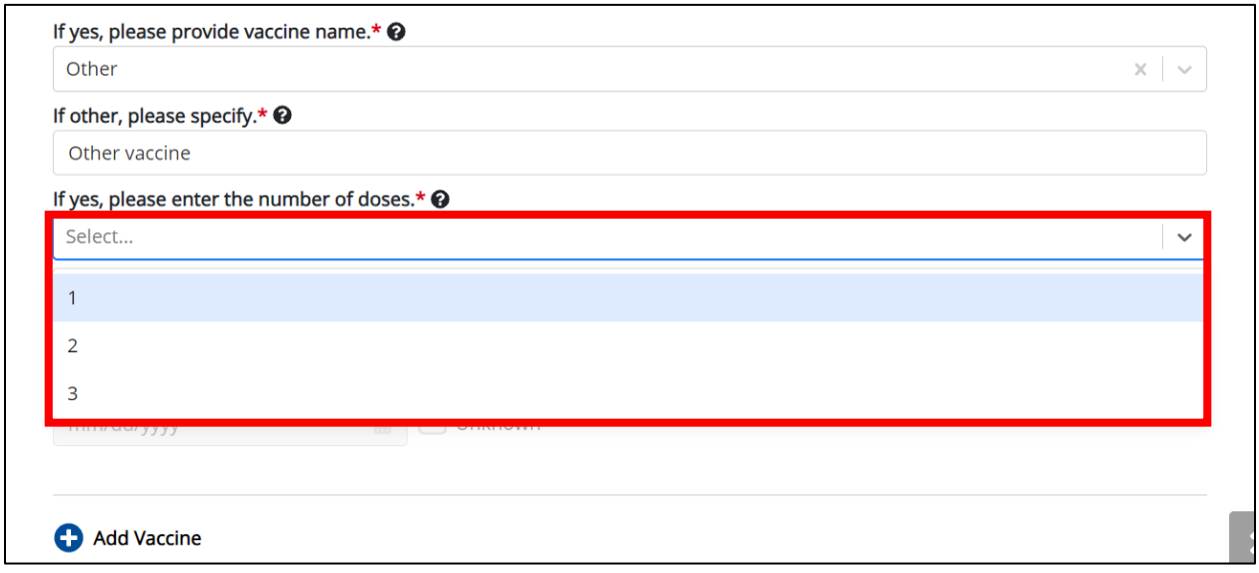
Please Note: If ***No*** or ***Unknown*** is selected for the conditional question, all subsequent fields are disabled.

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

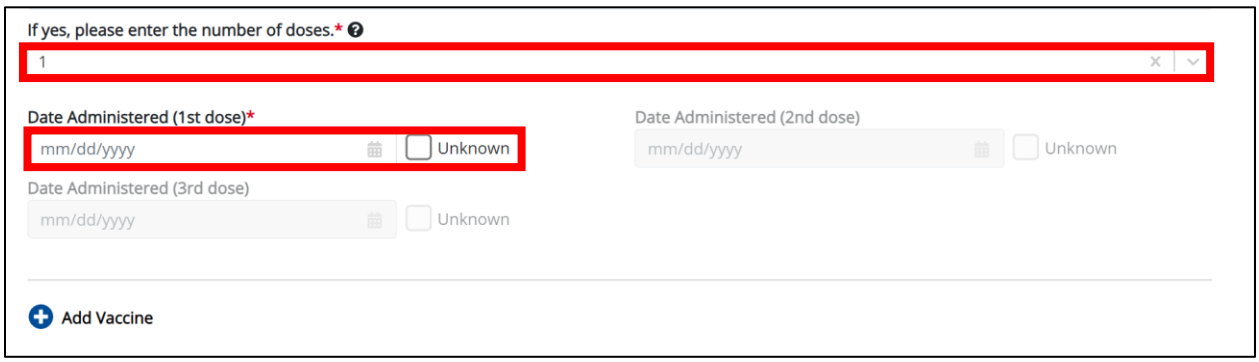


- If ***Other*** is selected, the subsequent field is enabled. Enter the **vaccine name** in the subsequent textbox field: *If other, please specify*.

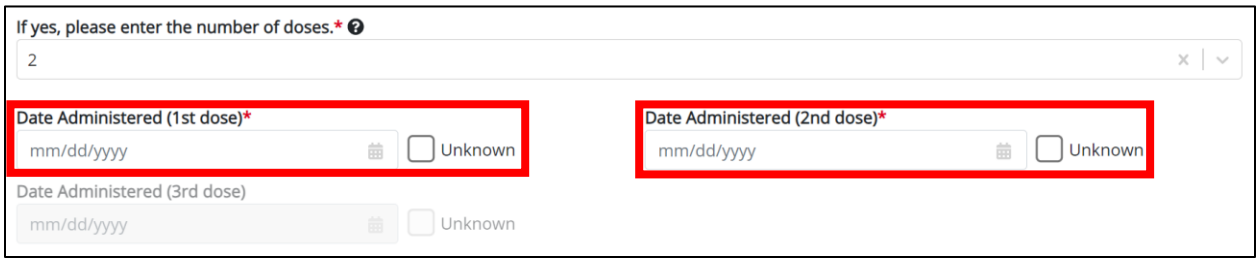
4. Select the **number of doses received** from the dropdown menu: *If yes, please enter the number of doses.*



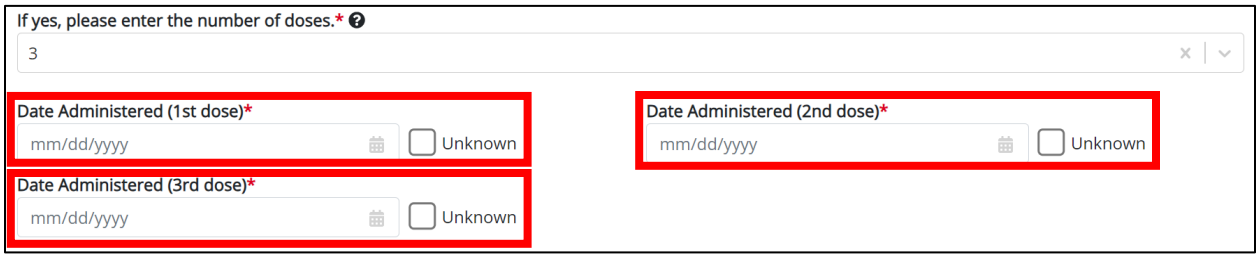
- If ***1*** is selected as the number of doses, the *Date Administered (1st dose)* field is enabled. Enter the **Date Administered (1st Dose)**.



- If ***2*** is selected as the number of doses, both of the subsequent fields are enabled: *Date Administered (1st dose)* and *Date Administered (2nd dose)*. Enter the **Date Administered (1st dose)** and **Date Administered (2nd dose)** in the appropriate fields.

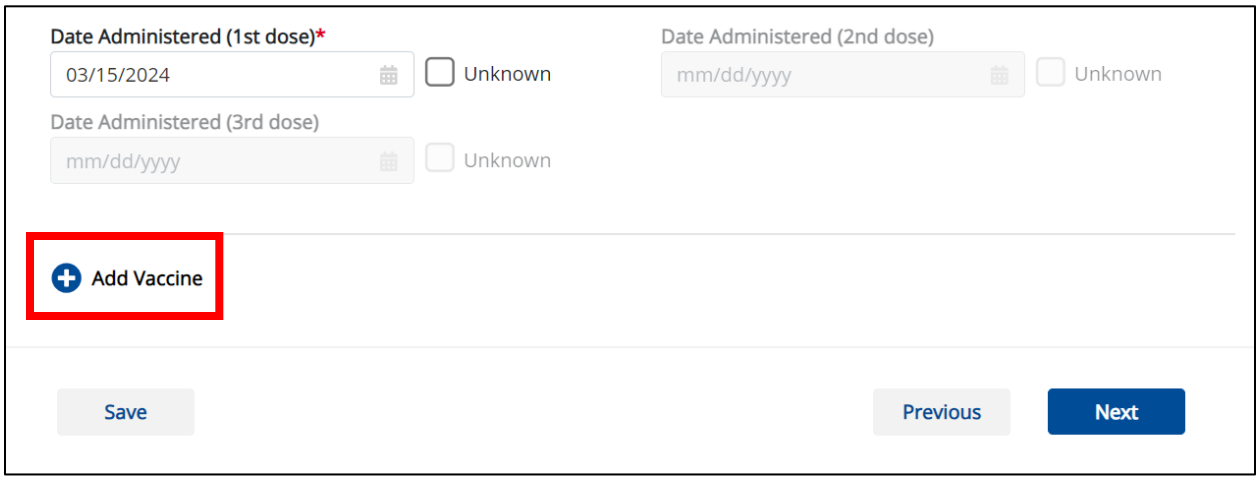


- If ***3*** is selected as the number of doses, the following subsequent fields are enabled: *Date Administered (1st dose)*, *Date Administered (2nd dose)*, and *Date Administered (3rd dose)*. Enter the **Date Administered (1st dose)**, **Date Administered (2nd dose)**, and **Date Administered (3rd dose)** in the appropriate fields.

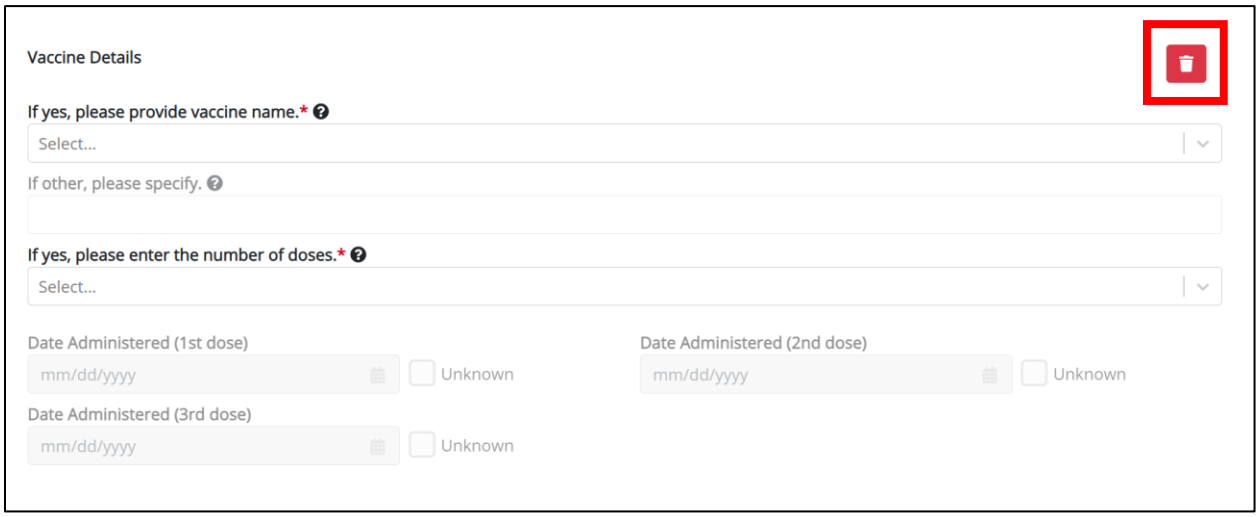


Adding Multiple Vaccines

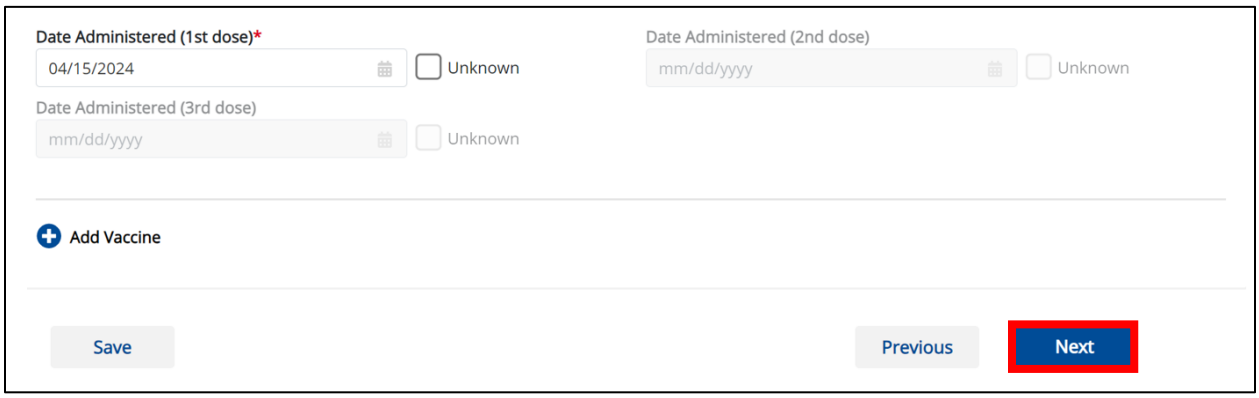
5. Click **Add Vaccine** to log the details for multiple vaccines.



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



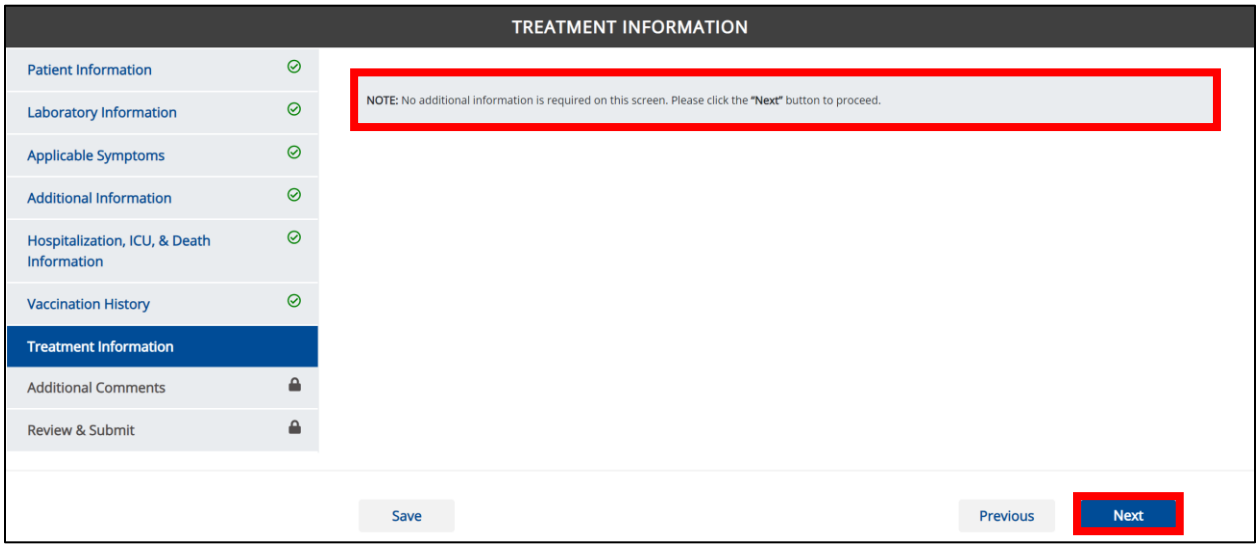
6. Once complete, click **Next** to proceed to the **Treatment Information** screen.



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.



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 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.