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Other Reportable Diseases Case Report:

Creutzfeldt-Jakob Disease (CJD)

Quick Reference Guide

June 2024

Document Control Information

Document Information

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0.1	06/14/2024	Initial Draft	Deloitte Consulting
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1.0	06/27/2024	Finalized Draft per KHIE Review	KHIE/Deloitte Consulting

Table of Contents

1 Introduction

Overview

This training manual covers the unique functionalities for the Creutzfeldt-Jakob Disease condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. The Creutzfeldt-Jakob Disease condition contains unique **Patient Information**, **Additional Information**, and **Hospitalization, ICU, and Death Information** screens. All other screens for the Creutzfeldt-Jakob Disease 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

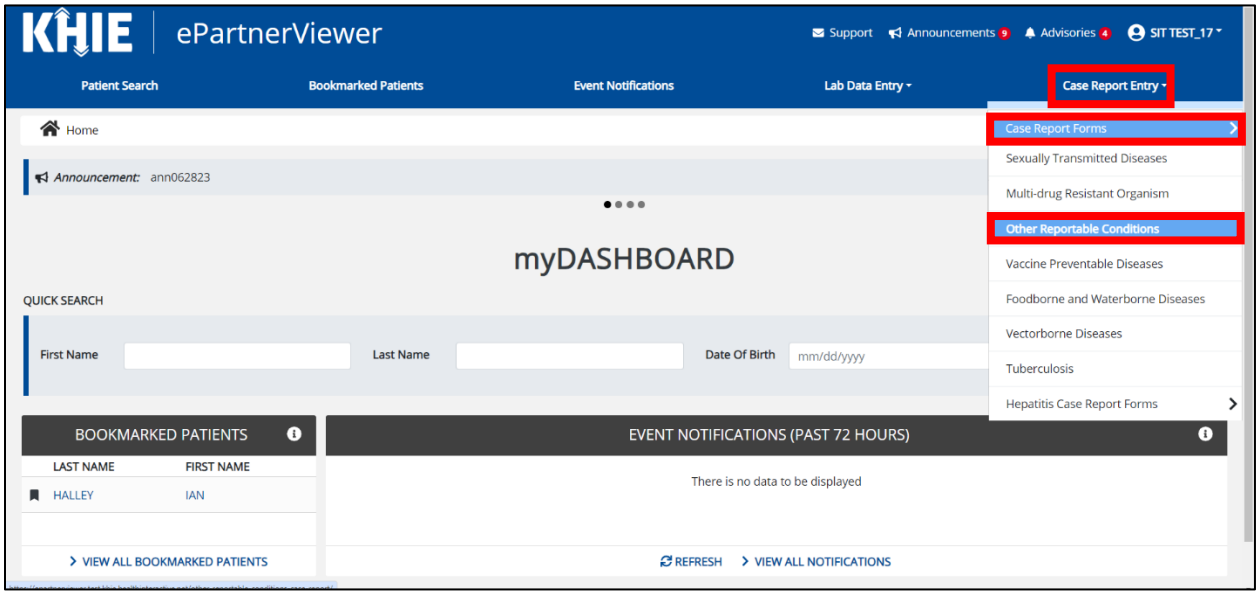
To access the ePartnerViewer, Users must meet the following specifications:

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).

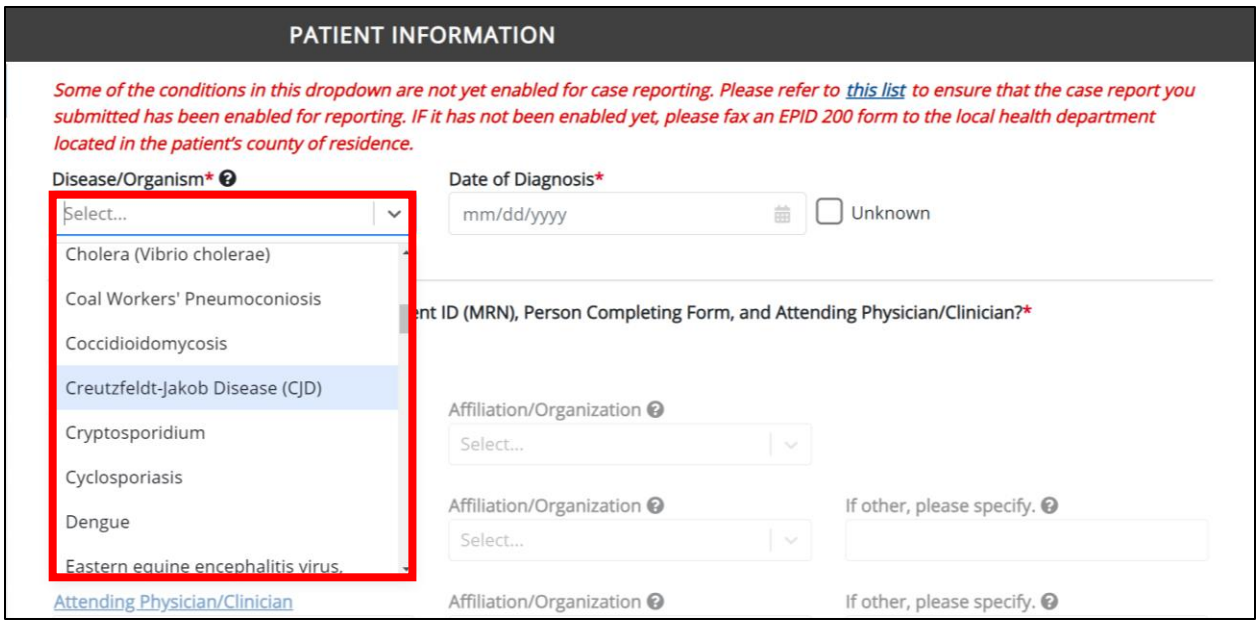
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the ***ePartnerViewer Login: Kentucky Online Gateway (KOG) and Okta Verify Multi-Factor Authentication (MFA) User Guide***.

2 Patient Information

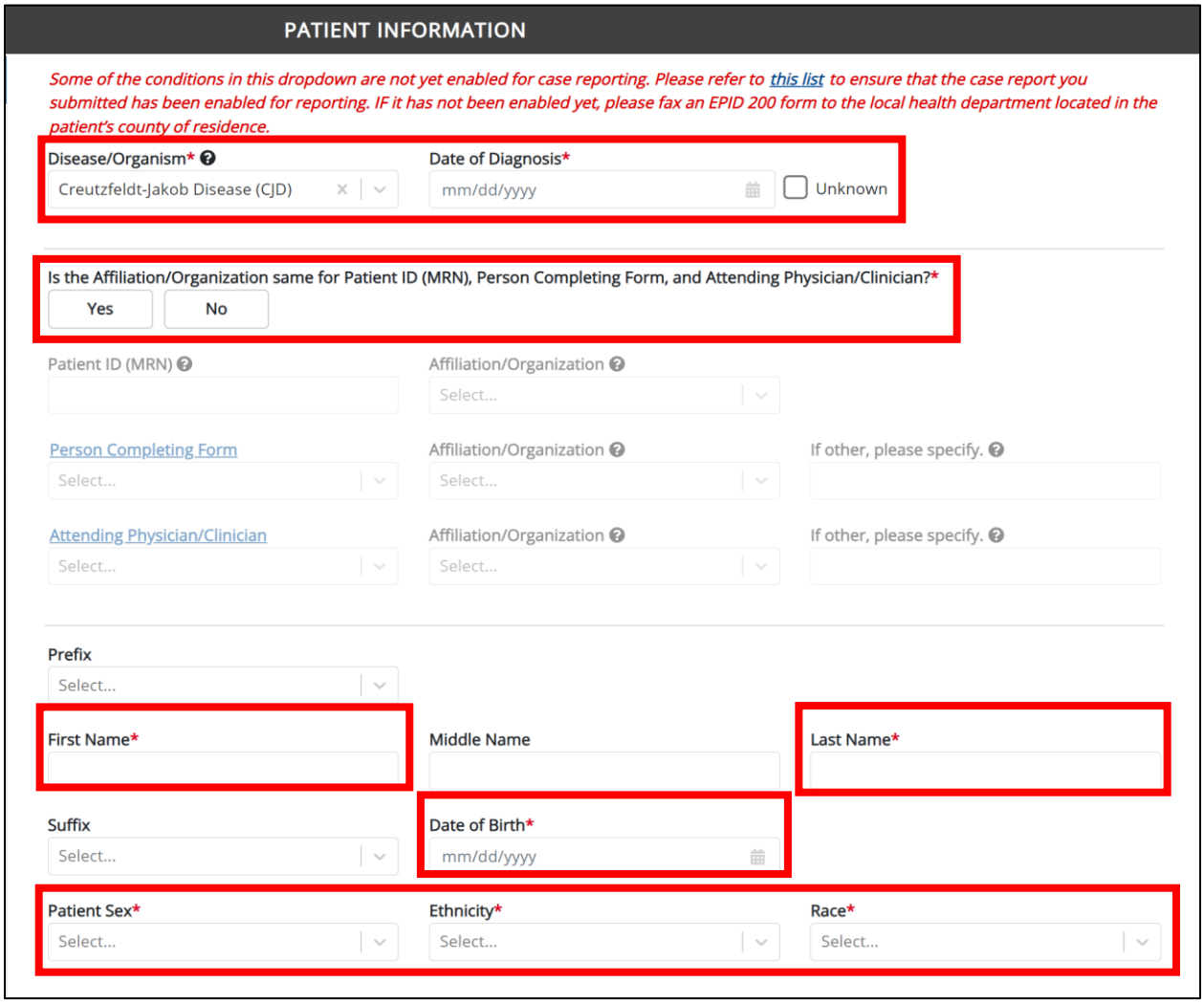
1. To enter Other Reportable Conditions case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.
2. Select **Other Reportable Conditions** from the dropdown menu.



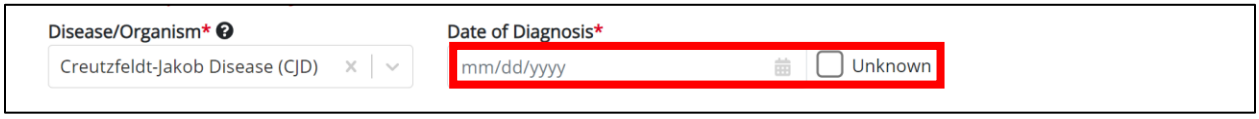
3. To start the Creutzfeldt-Jakob Disease Case Report entry, select **Creutzfeldt-Jakob Disease** from the *Disease/Organism* field on the **Patient Information** screen.



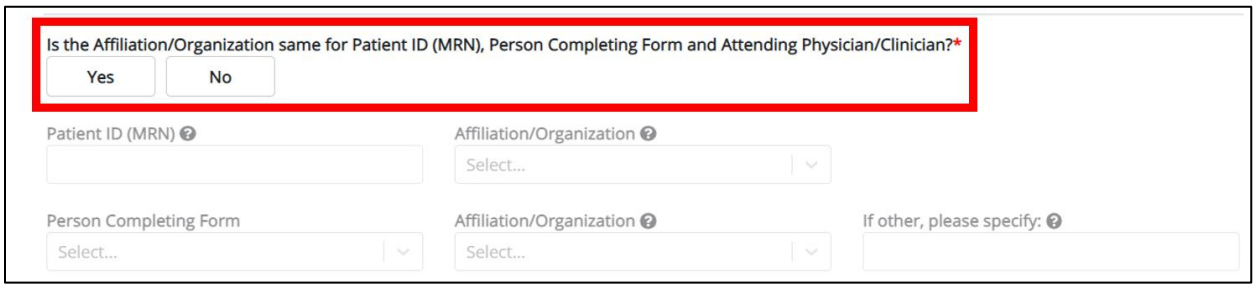
4. You must complete the mandatory fields on the **Patient Information** screen.



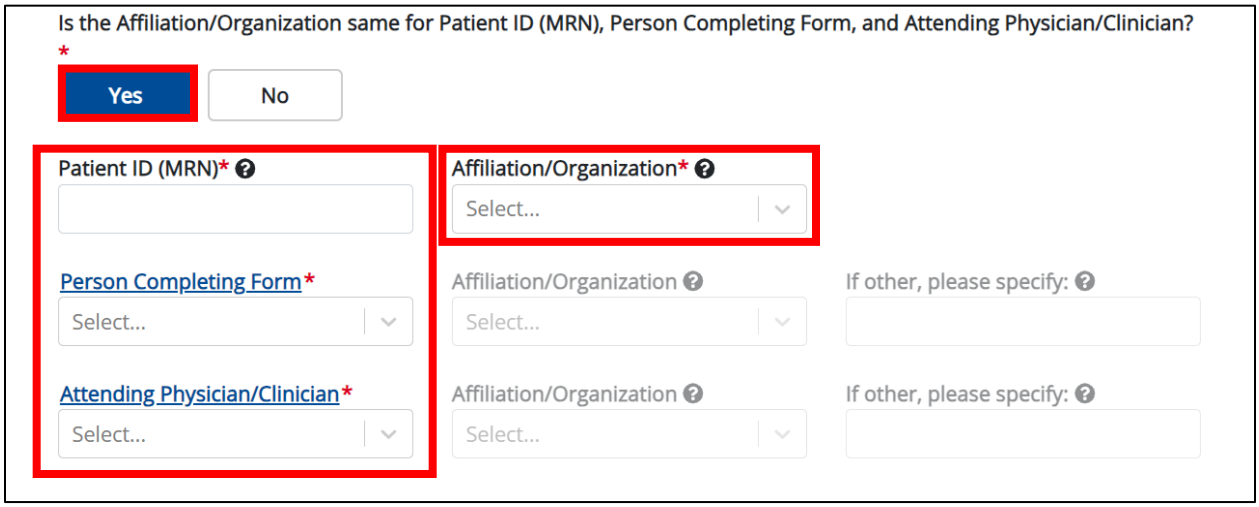
5. Enter the **Date of Diagnosis**. If the date of diagnosis is unknown, click the ***Unknown*** checkbox.



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



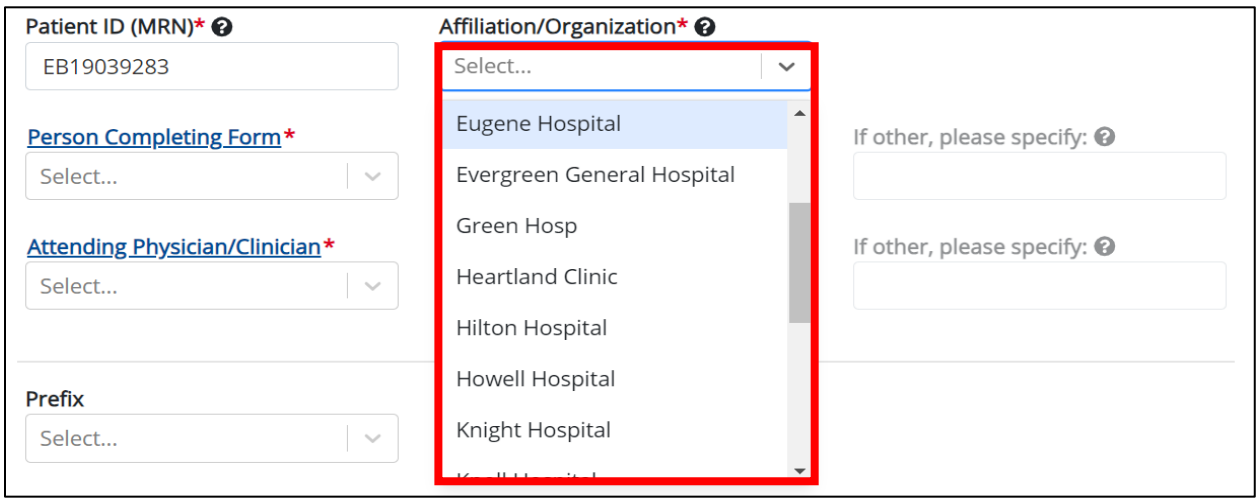
- Click ***Yes*** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.



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

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

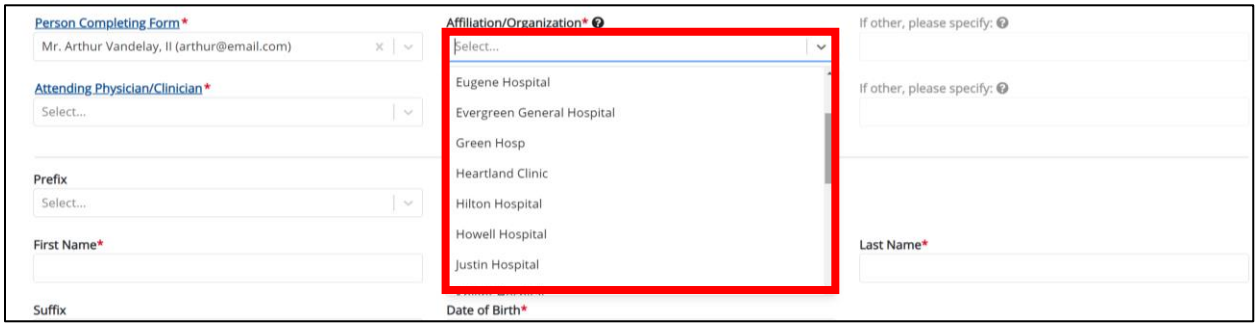
8. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).



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

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

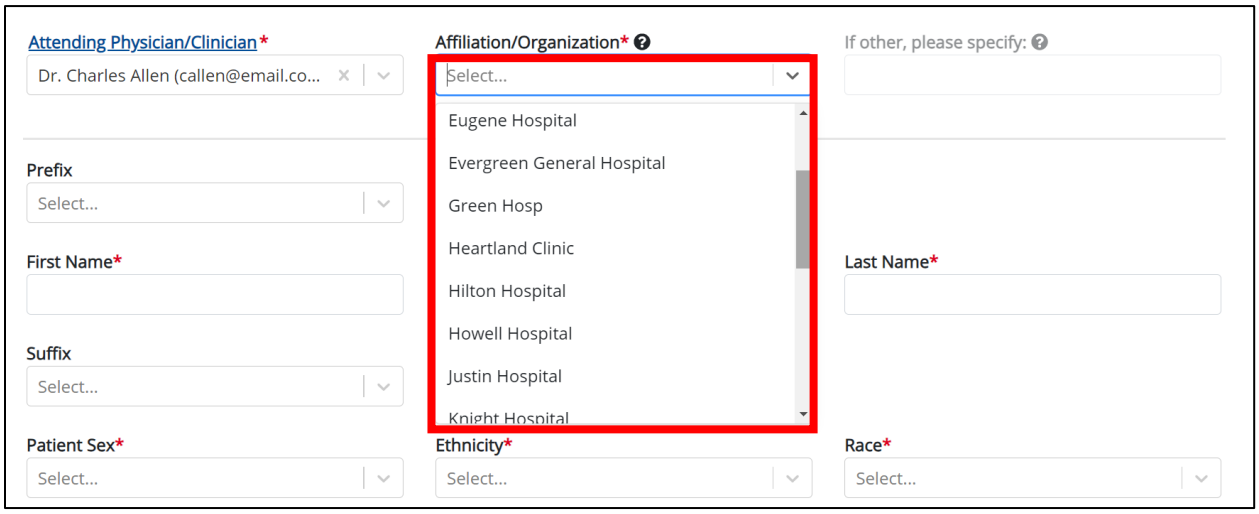
10. If applicable, select the **Affiliation/Organization** that applies to the Person Completing the Form.



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

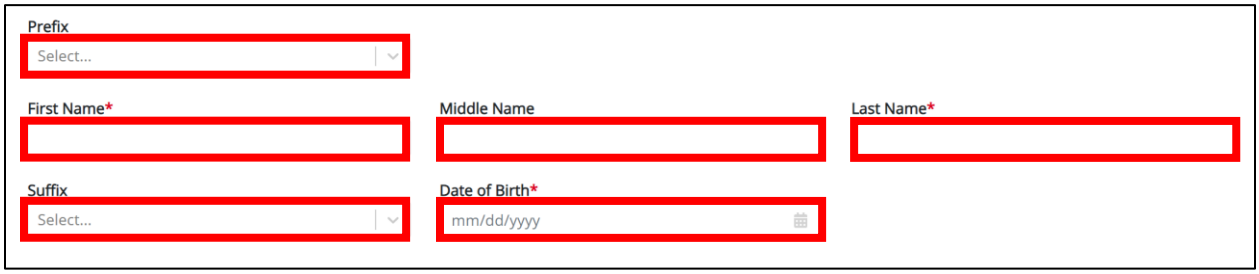
11. Select the **Attending Physician/Clinician** from the dropdown menu.

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

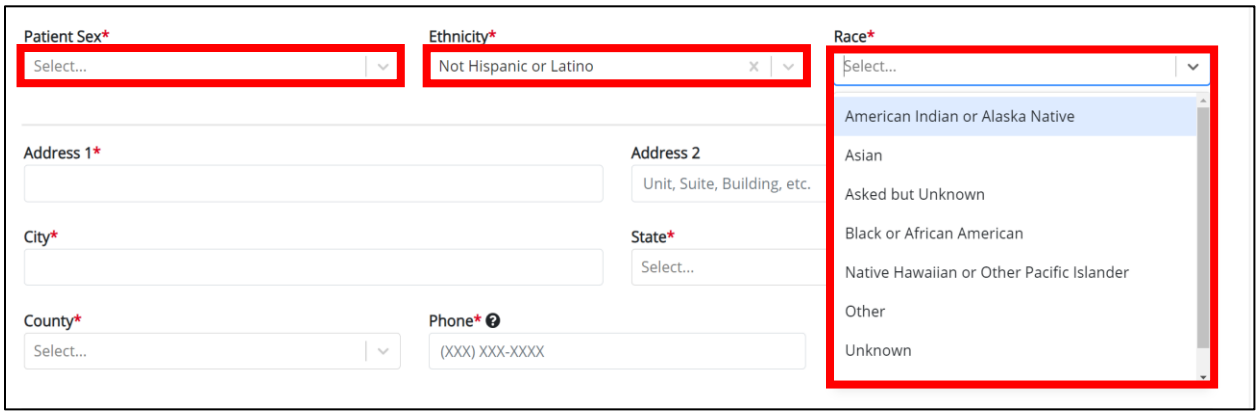


Please Note: The *Affiliation/Organization* field that applies to the Attending Physician/Clinician is enabled only when you select ***No*** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician*?

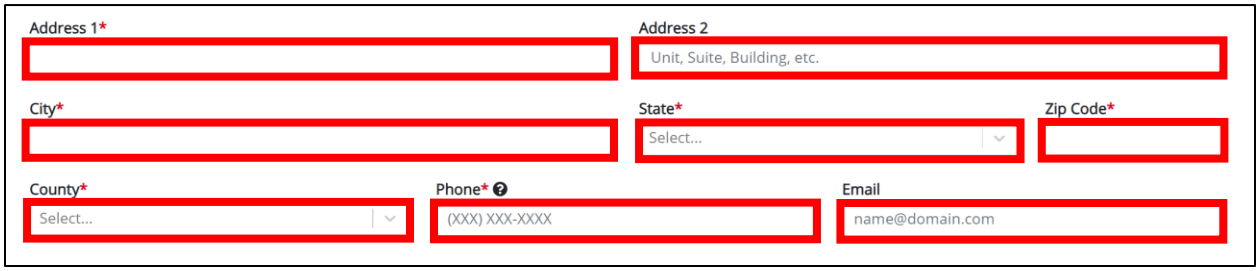
13. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.
14. Enter the patient's **First Name** and **Last Name**.
15. If available, enter the patient's **Middle Name**.
16. Enter the patient's **Date of Birth**.



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



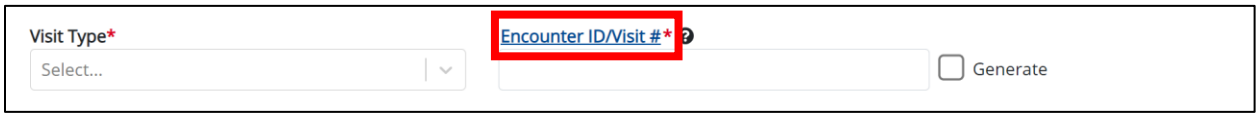
19. Enter the patient's **Street Address**, **City**, **State**, **Zip Code**, and **County**.
20. Enter the patient's **Phone Number**.
21. If available, enter the patient's **Email Address**.



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

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

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



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

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

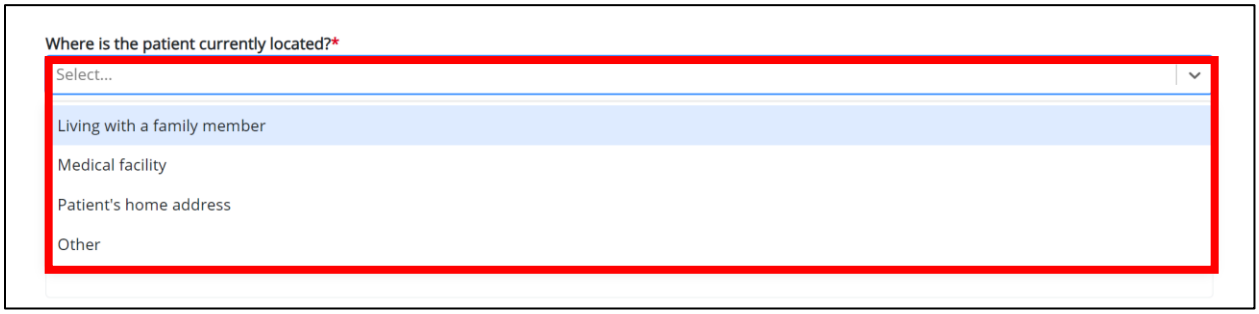
23. If applicable, select the **appropriate answer** to *Is the patient currently pregnant?*

Please Note: The *Is the patient currently pregnant?* field is enabled and required only when the *Patient Sex* field is marked as ***Female***.

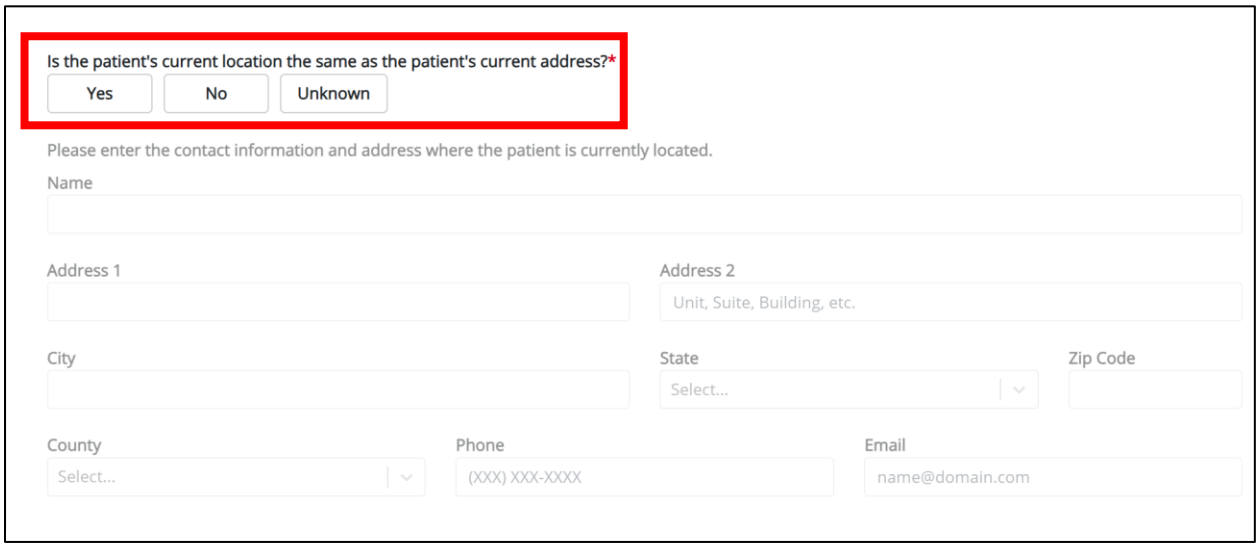
- If ***Yes*** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled. Enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC)*. If the due date is unknown, click the ***Unknown*** checkbox.

Please Note: If ***No*** or ***Unknown*** is selected for the *Is the patient currently pregnant?* field, the subsequent field is disabled: *If yes, please enter the due date (EDC)*.

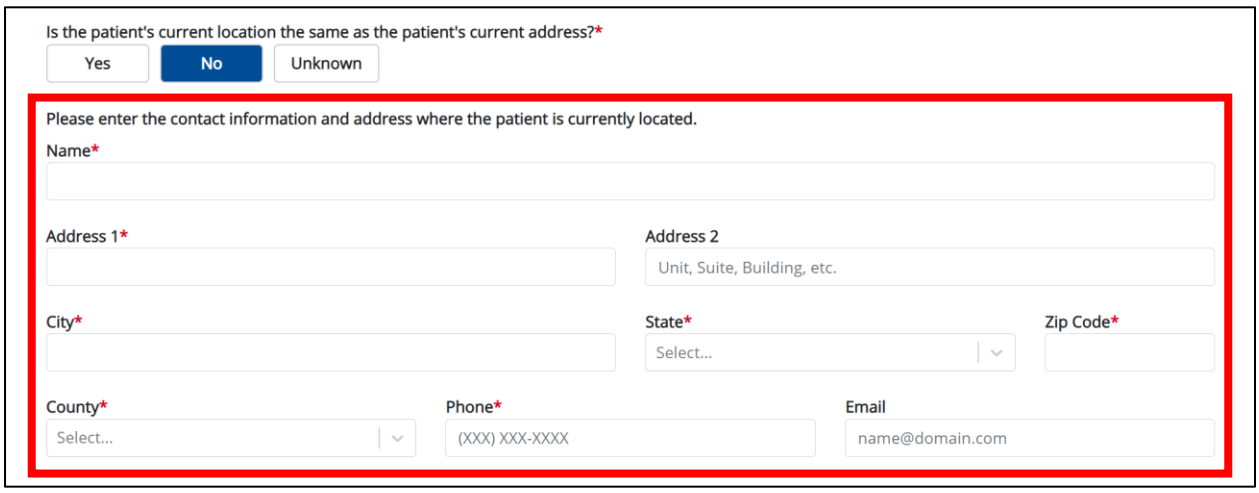
24. Select the **appropriate answer** from the dropdown menu for the field: *Where is the patient currently located?*



25. Select the **appropriate answer** for the conditional question: *Is the patient's current location the same as the patient's current address?*



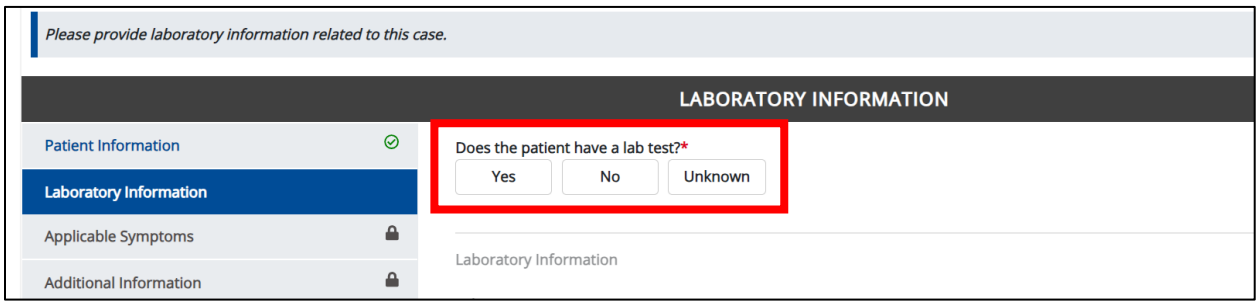
26. If ***No*** is selected, the following fields are enabled. Enter the **contact information and address where the patient is currently located.**



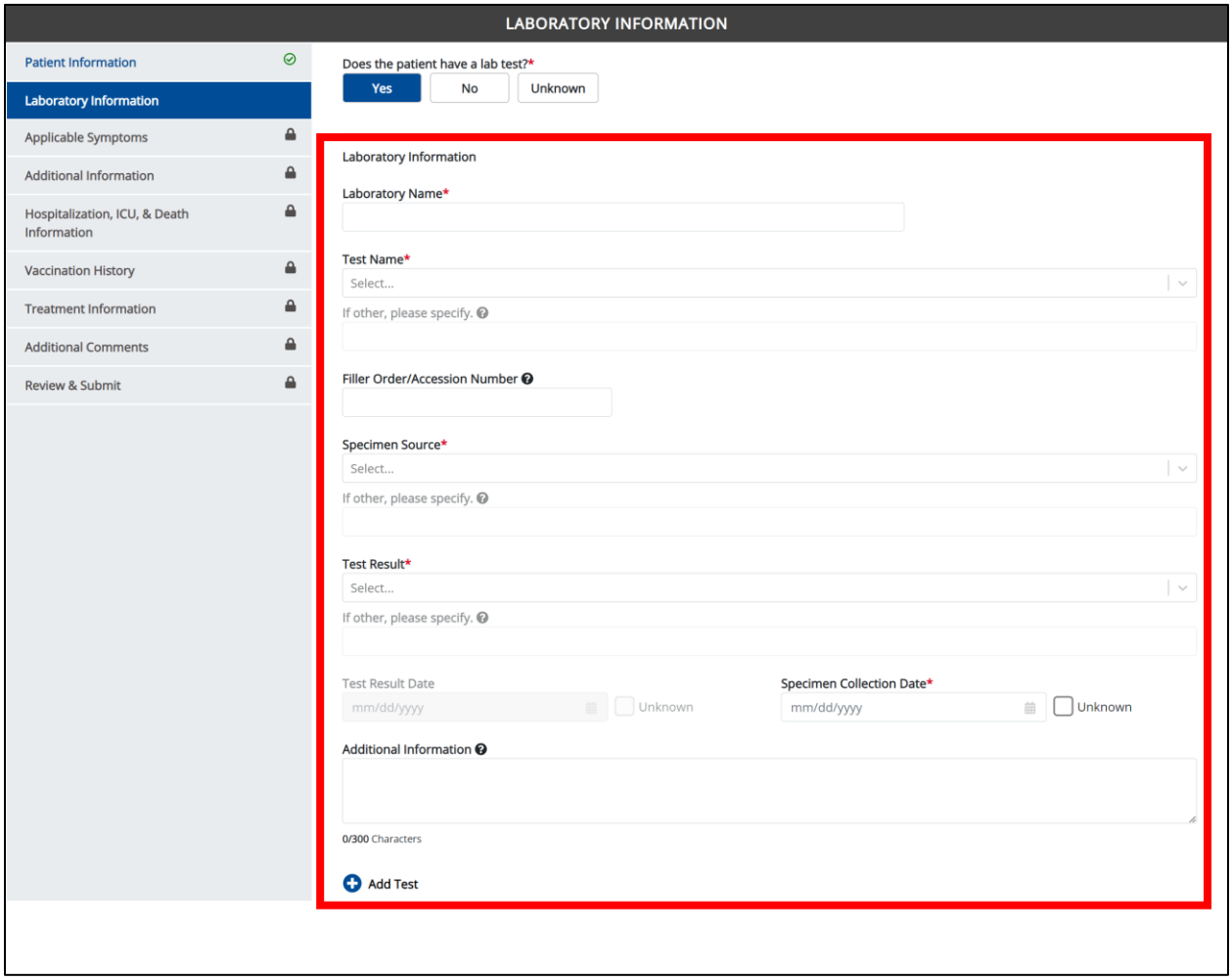
27. Once complete, click **Next** to proceed to the **Laboratory Information** screen.

3 Laboratory Information

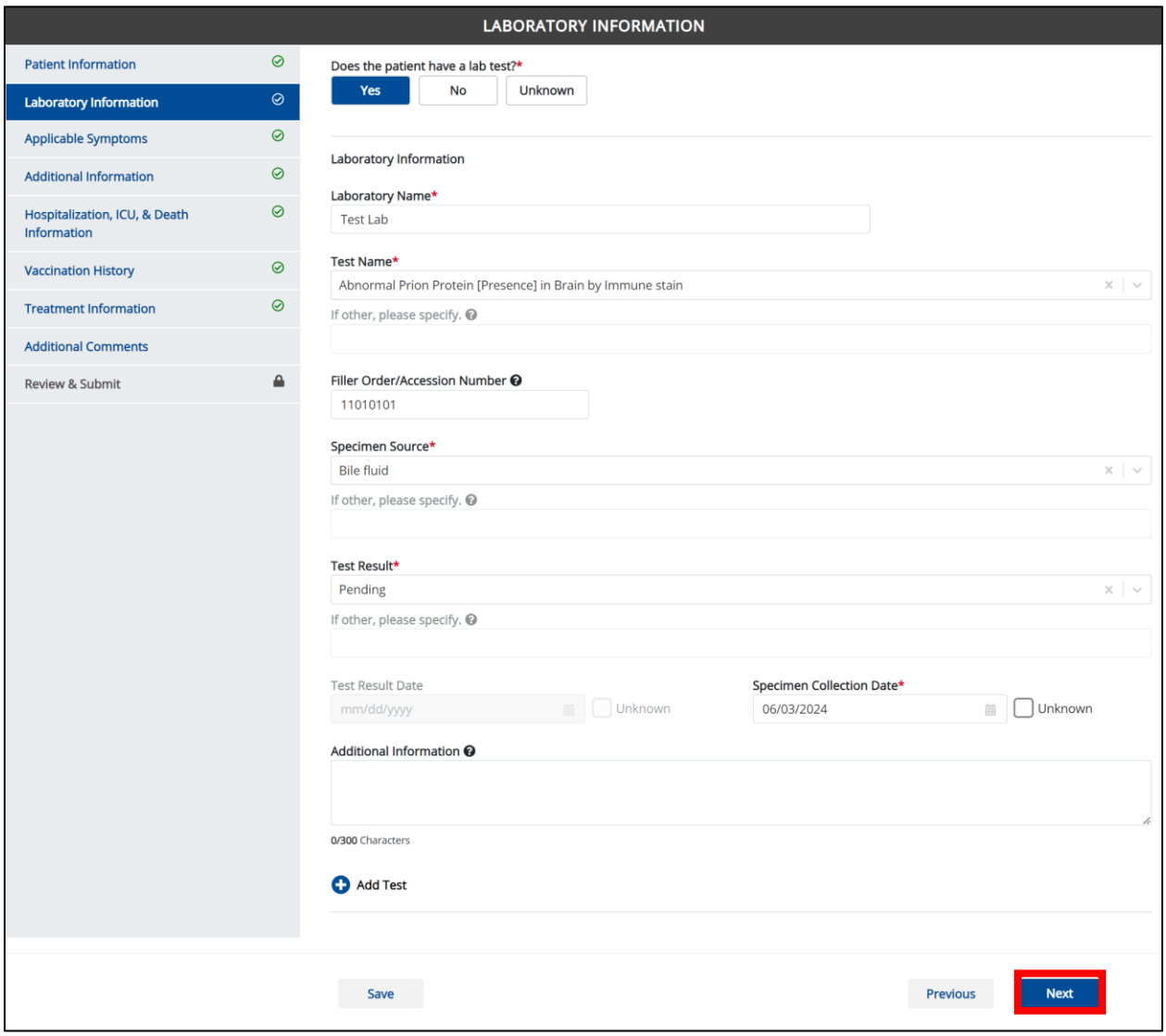
1. On the **Laboratory Information** screen, select the **appropriate answer** for the conditional question at the top: *Does the patient have a lab test?*



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

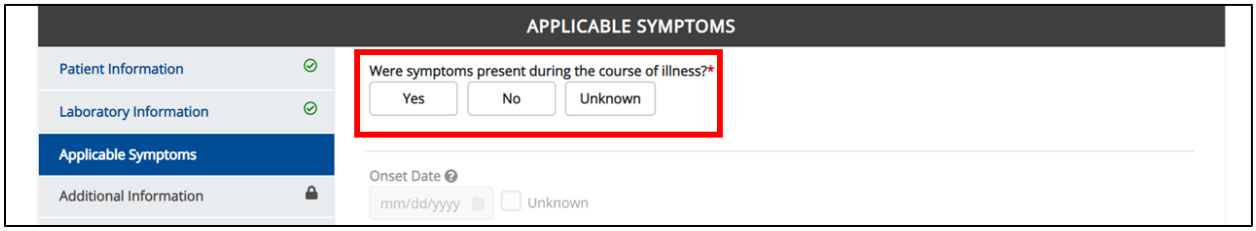


3. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.

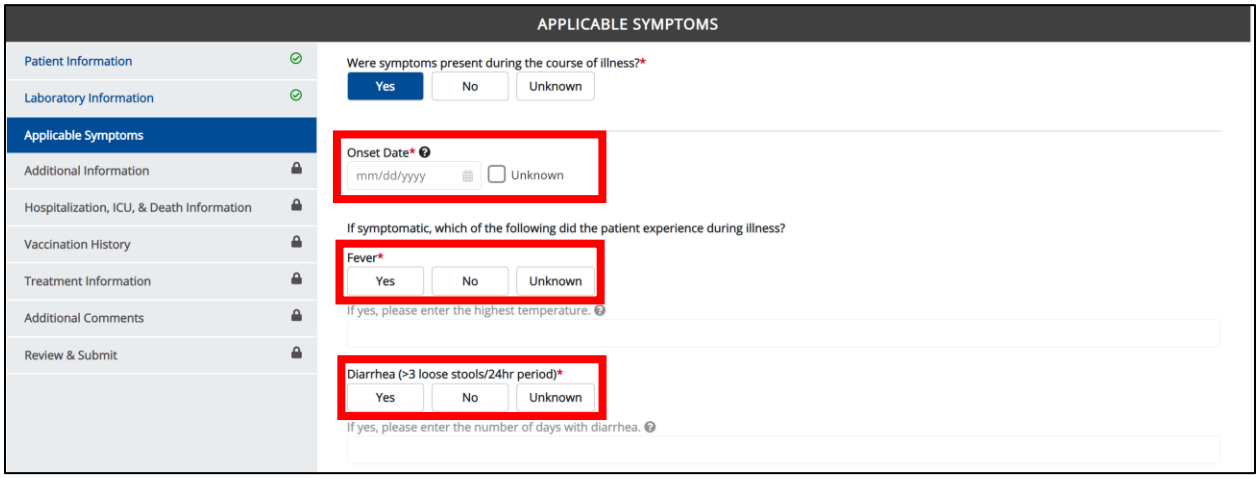


4 Applicable Symptoms

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*?



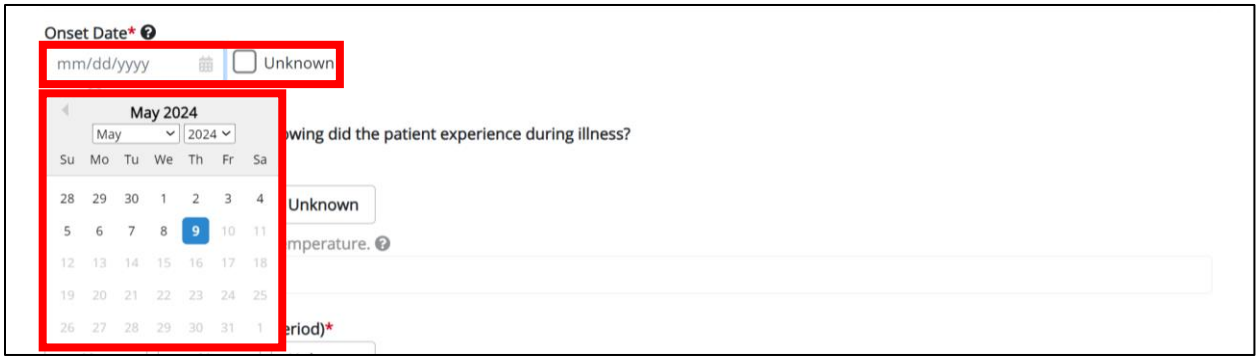
2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.



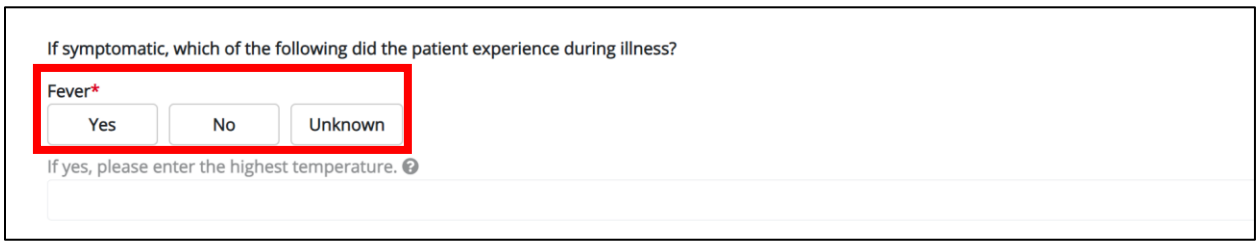
Please Note: If ***No*** is selected for the conditional question, all subsequent symptom fields are disabled and marked with ***No***. If ***Unknown*** is selected for the conditional question, all subsequent symptom fields are disabled and marked as ***Unknown***.

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

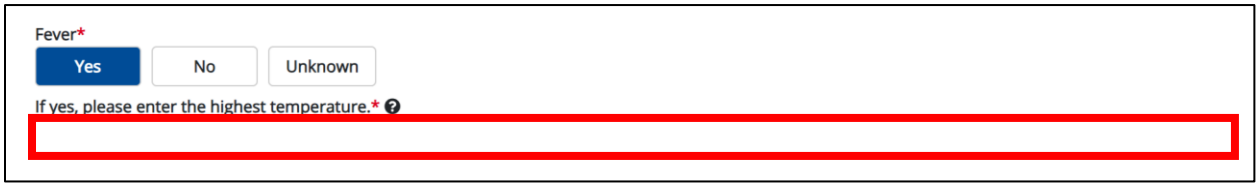
- If the onset date is unknown, click the ***Unknown*** checkbox.



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

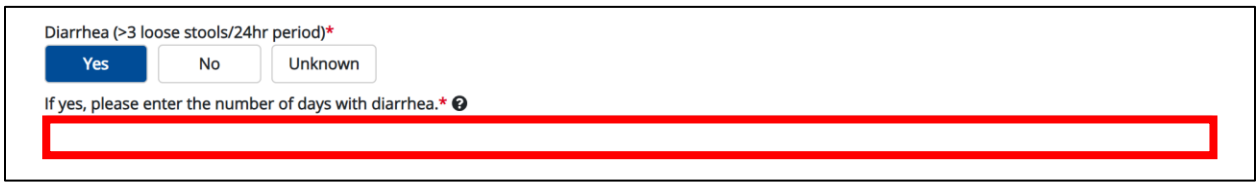


- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature*.



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 the number of days with diarrhea*.

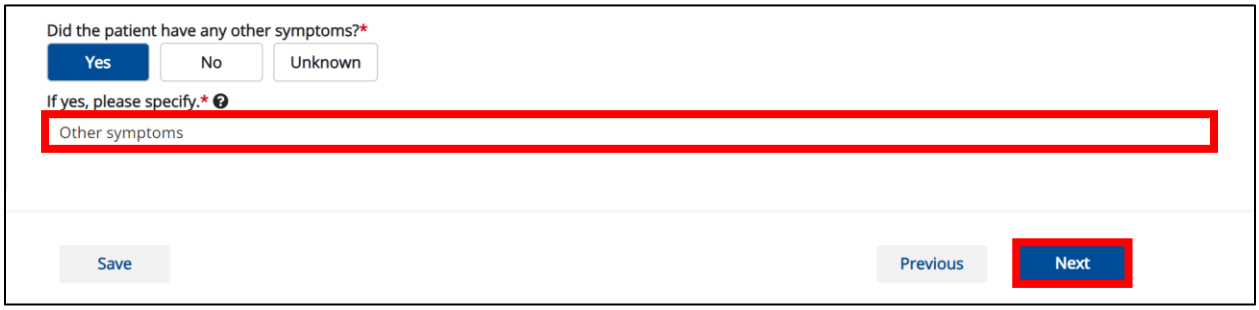


6. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

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

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

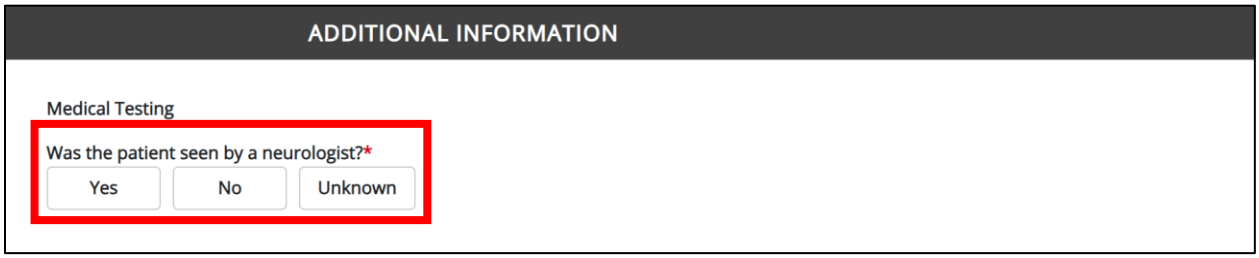
8. Once complete, click **Next** to proceed to the **Additional Information** screen.



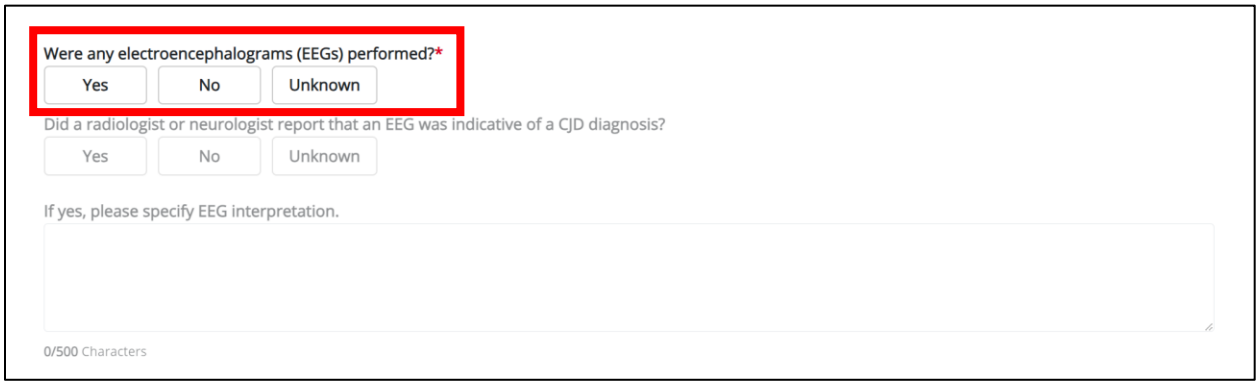
5 Additional Information

The Creutzfeldt-Jakob Disease Case Report captures the patient's medical testing details.

1. On the **Additional Information** screen, select the **appropriate answer** for the field: *Was the patient seen by a neurologist?*

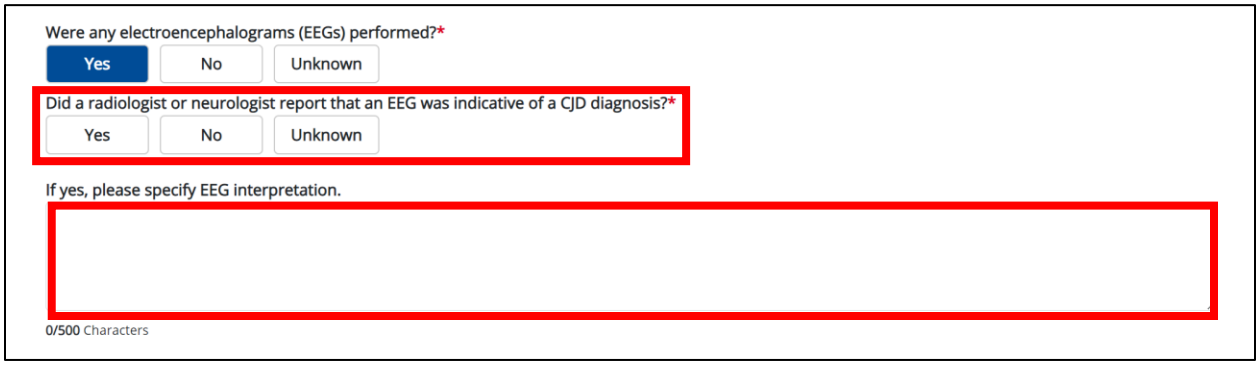


2. Select the **appropriate answer** for the conditional question: *Were any electroencephalograms (EEGs) performed?*

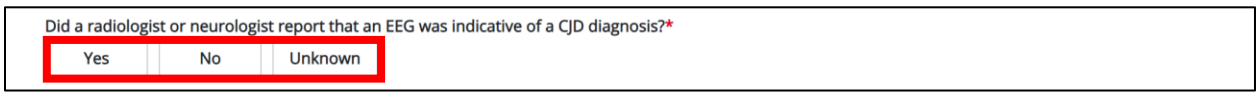


3. If ***Yes*** is selected for the *Were any electroencephalograms (EEGs) performed? field*, the following fields are enabled:

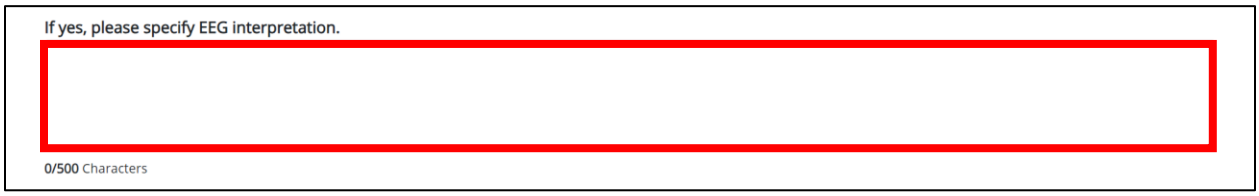
- *Did the radiologist or neurologist report that an EEG was indicative of a CJD diagnosis?*
- *If Yes, please specify the EEG interpretation.*



4. Select the **appropriate answer** for the field: *Did the radiologist or neurologist report that an EEG was indicative of a CJD diagnosis?*



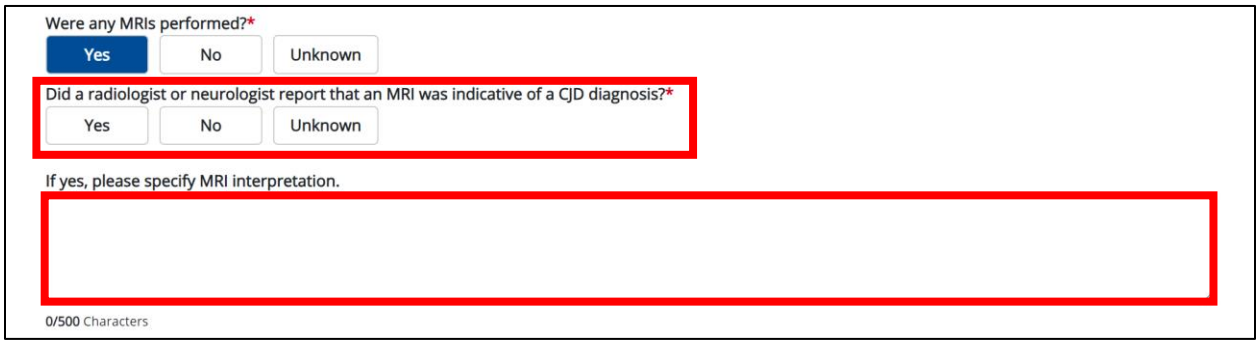
5. If applicable, enter the **EEG interpretation** in the textbox for the field: *If yes, please specify the EEG interpretation.*



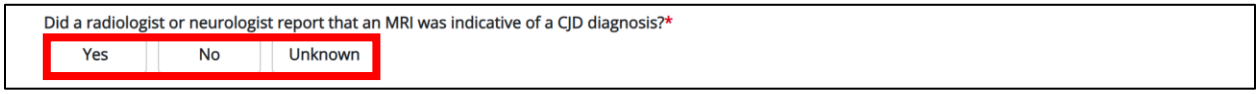
6. Select the **appropriate answer** for the conditional question: *Were any MRIs performed?*

7. If ***Yes*** is selected for the *Were any MRIs performed?* field, the following fields are enabled:

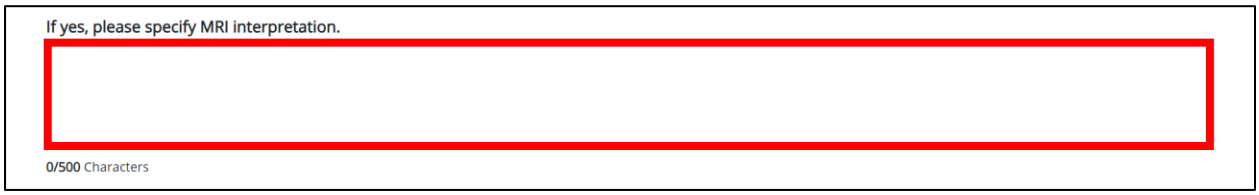
- *Did the radiologist or neurologist report that an MRI was indicative of a CJD diagnosis?*
- *If yes, please specify MRI interpretation.*



8. Select the **appropriate answer** for the field: *Did the radiologist or neurologist report that an MRI was indicative of a CJD diagnosis?*

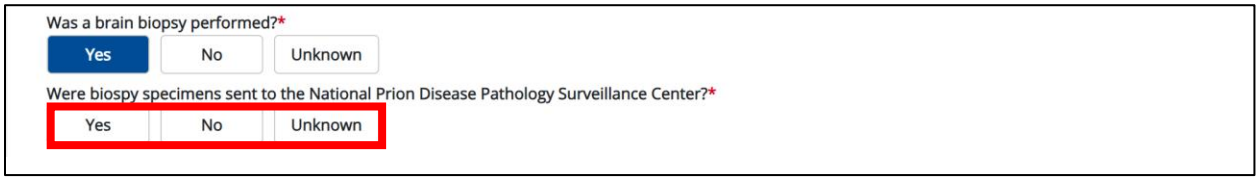


9. If applicable, enter the **MRI interpretation** in the textbox for the field: *If yes, please specify MRI interpretation.*

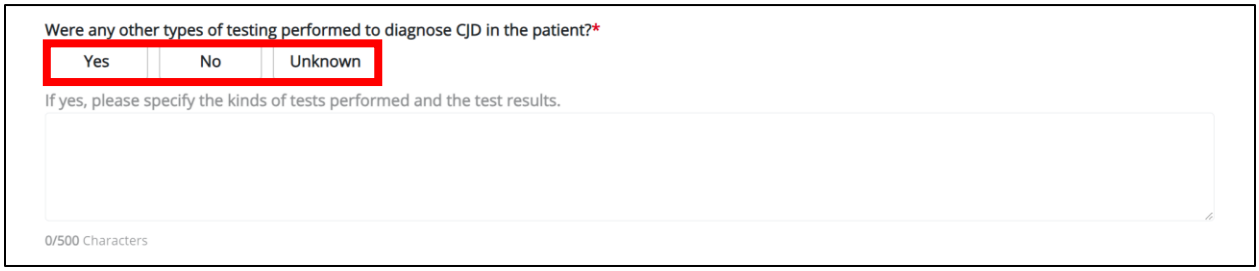


10. Select the **appropriate answer** for the conditional question: *Was a brain biopsy performed?*

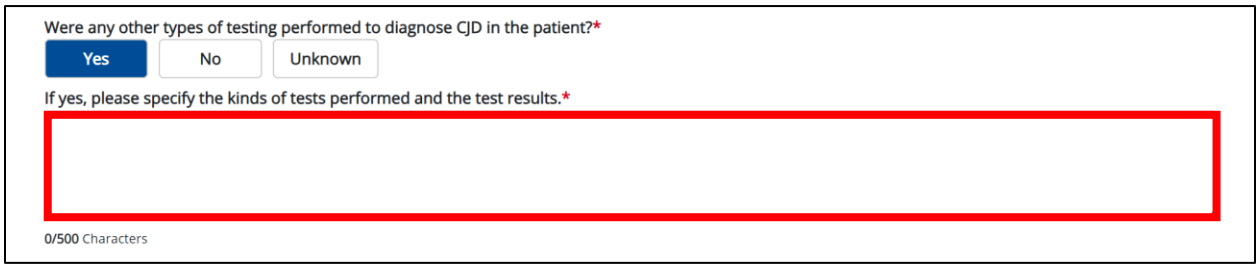
11. If ***Yes*** is selected, select the **appropriate answer** for the field: *Were biopsy specimens sent to the National Prion Disease Pathology Surveillance Center?*



12. Select the **appropriate answer** for the conditional question: *Were any other types of testing performed to diagnose CJD in the patient?*



13. If ***Yes*** is selected, enter the **types of testing and test results obtained to diagnose Creutzfeldt-Jakob Disease in the patient** in the textbox for the field: *If yes, please specify the kinds of tests performed and the test results*.

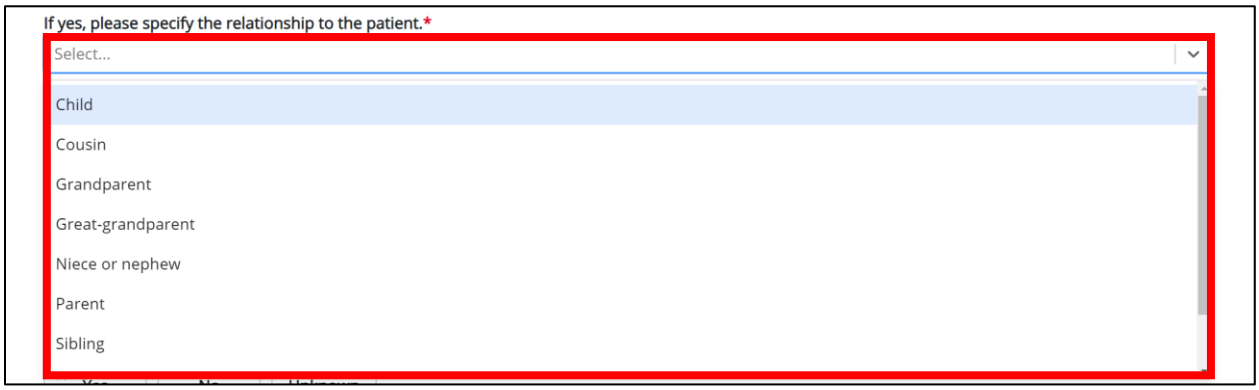


Patient History

The Creutzfeldt-Jakob Disease Case Report captures patient history details.

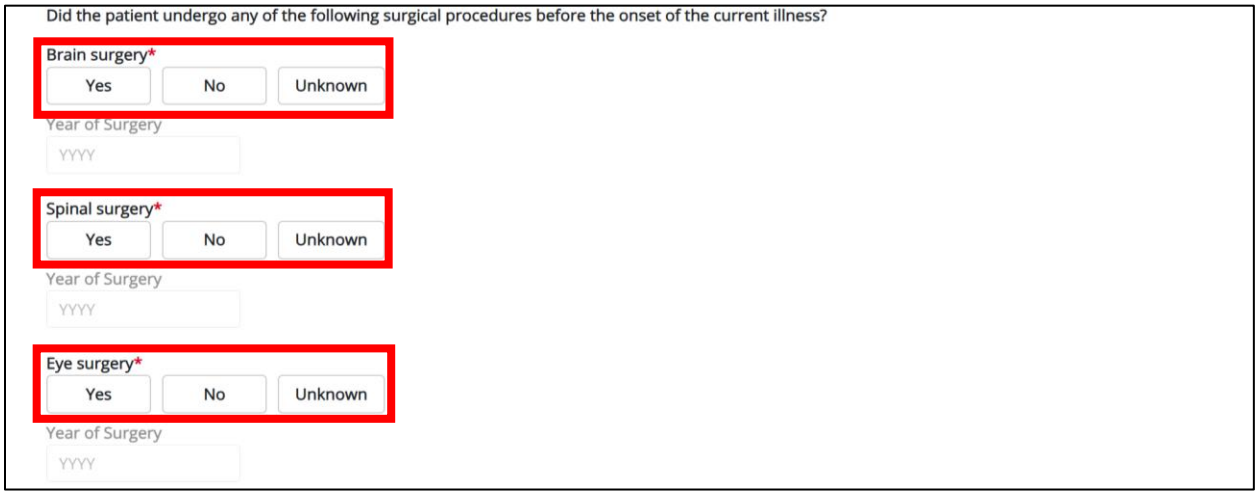
14. Select the **appropriate answer** for the conditional question: *Is there history of a definite or probable case of prion disease in a blood relative?*

15. If ***Yes*** is selected, select the **appropriate answer** from the dropdown menu for the field: *If yes, please specify the relationship to the patient.*

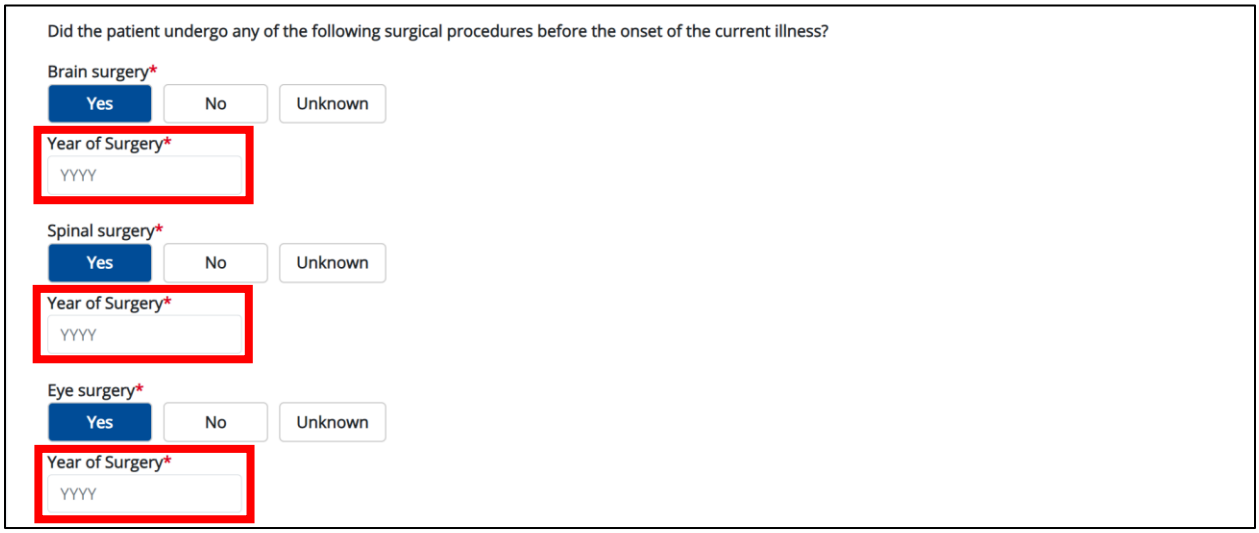


16. The following question displays on the **Additional Information** screen: *Did the patient undergo any of the following surgical procedures before the onset of the current illness?* Select the **appropriate answers** for the following fields to indicate the patient's surgical procedures:

- *Brain surgery*
- *Spinal surgery*
- *Eye surgery*



17. If ***Yes*** is selected for the conditional fields, enter the **Year of Surgery** in the textbox for the field: *Year of Surgery.*

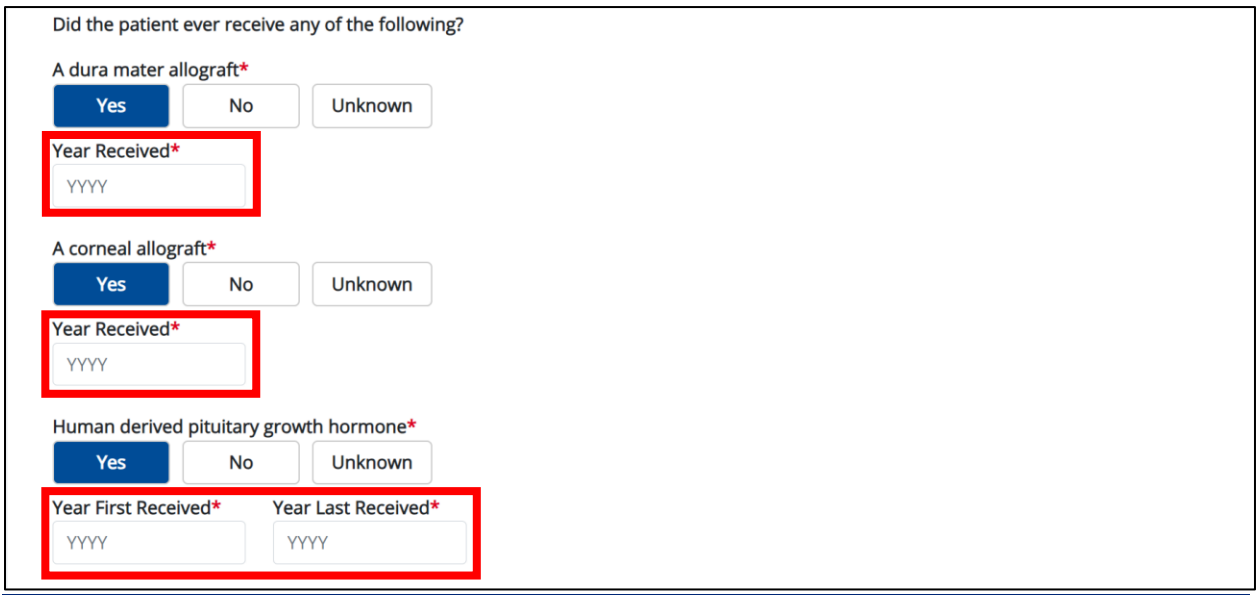


18. The following question displays on the **Additional Information** screen: *Did the patient ever receive any of the following?* Select the **appropriate answers** for the following fields to indicate the allografts and procedures received by the patient:

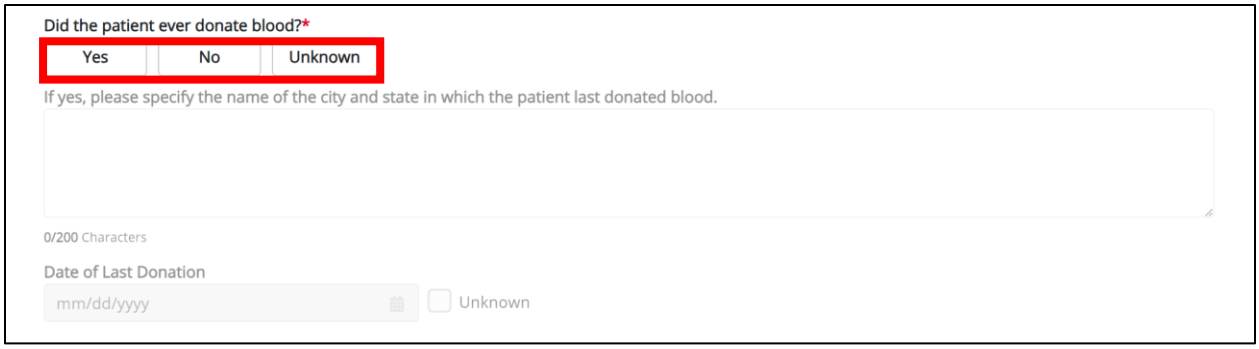
- *A dura mater allograft*
- *A corneal allograft*
- *Human derived pituitary growth hormone*

19. If ***Yes*** is selected for the conditional fields *A dura mater allograft* or *A corneal allograft*, enter the **Year Received** in the textbox for the field: *Year Received.*

20. If ***Yes*** is selected for the conditional field *Human derived pituitary growth hormone*, enter the **Year First Received** and **Year Last Received** in the textboxes for the fields: *Year First Received* and *Year Last Received*

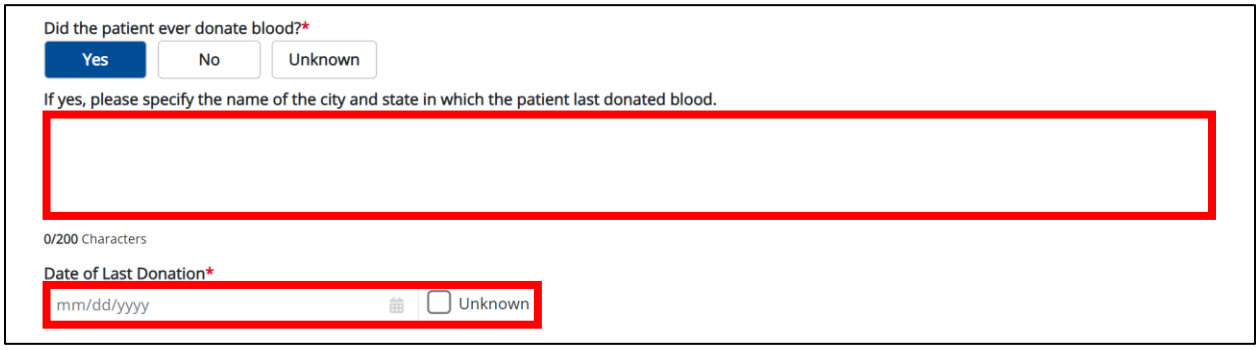


21. Select the **appropriate answer** for the conditional question: *Did the patient ever donate blood?*

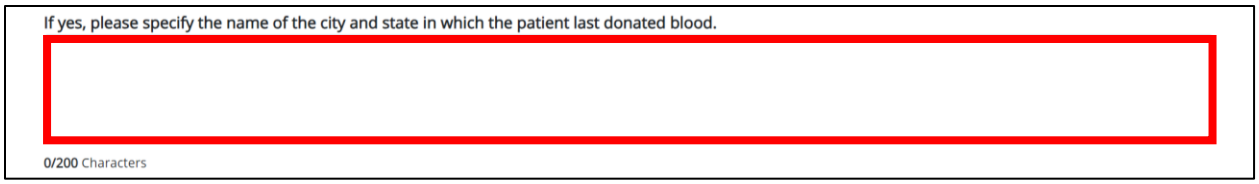


22. If ***Yes*** is selected for *Did the patient ever donate blood?* the following fields are enabled:

- *If yes, please specify the name of the city and state in which the patient last donated blood.*
- *Date of Last Donation*

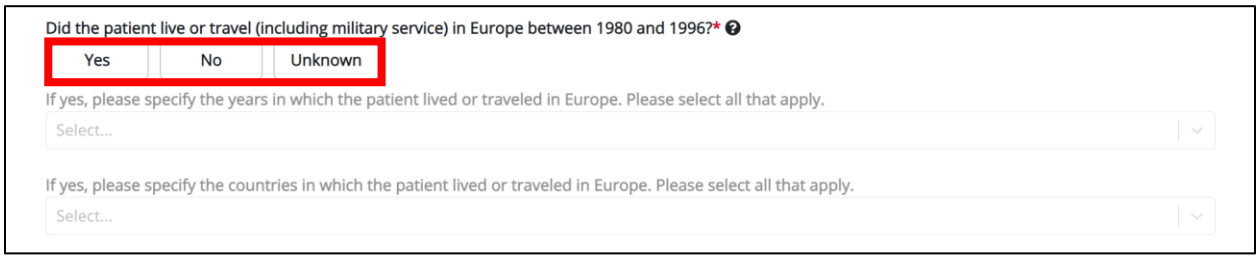


23. If known, enter the **location details of where the patient last donated blood** in the textbox for the field: *If yes, please specify the name of the city and state in which the patient last donated blood.*



24. Enter the **Date of Last Donation**. If the Date of Last Donation is unknown, click the ***Unknown*** *checkbox.*

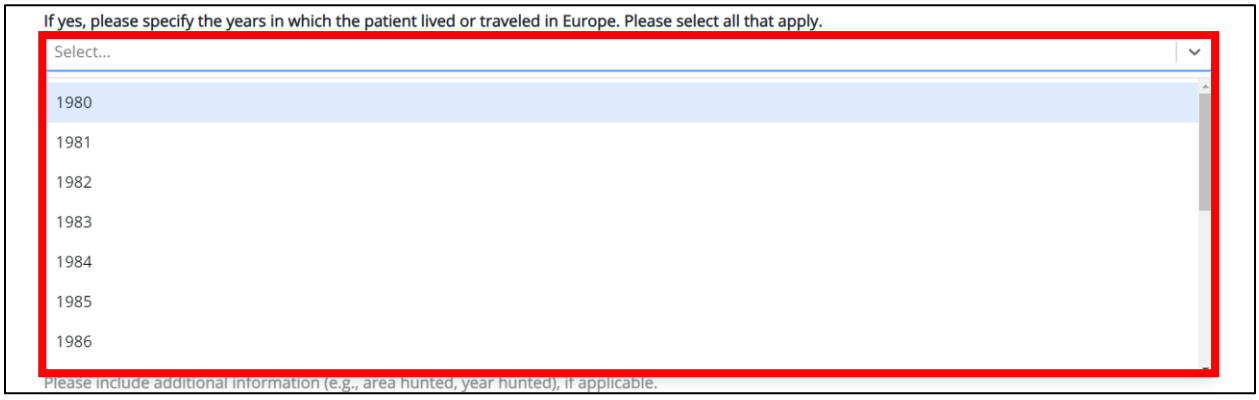
25. Select the **appropriate answer** for the conditional question: *Did the patient live or travel (including military service) in Europe between 1980 and 1996?*



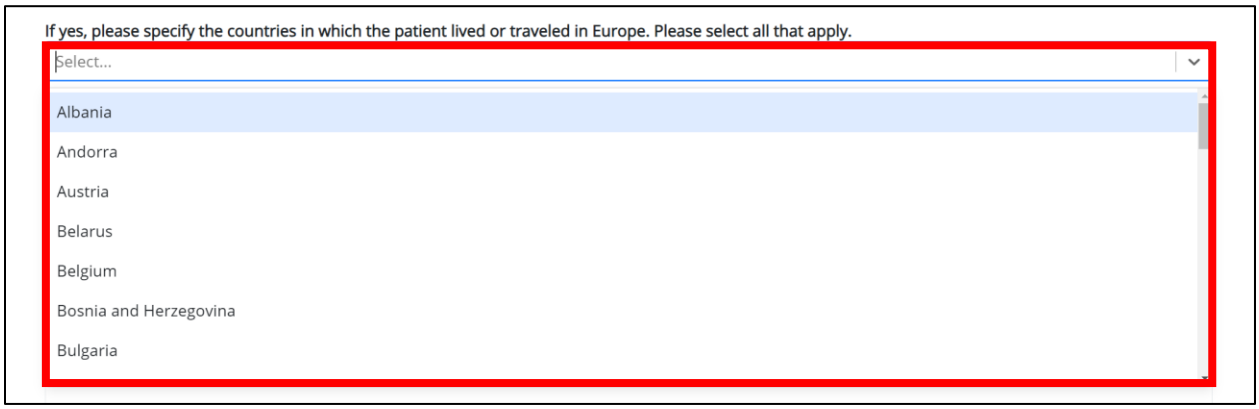
26. If ***Yes*** is selected for the *Did the patient live or travel (including military service) in Europe between 1980 and 1996?* field, the following fields are enabled:

- *If yes, please specify the years in which the patient lived or traveled in Europe. Please select all that apply.*
- *If yes, please specify the countries in which the patient lived or traveled in Europe. Please select all that apply.*

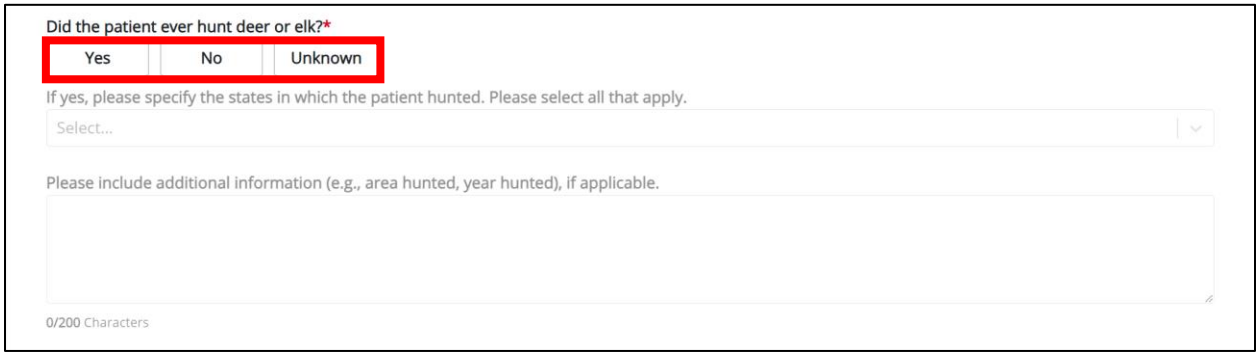
27. Select the **appropriate answer(s)** from the multiselect dropdown menu for the field: *If yes, please specify the years in which the patient lived or traveled in Europe. Please select all that apply.*



28. Select the **appropriate answer(s)** from the multiselect dropdown menu for the field: *If yes, please specify the countries in which the patient lived or traveled in Europe. Please select all that apply.*

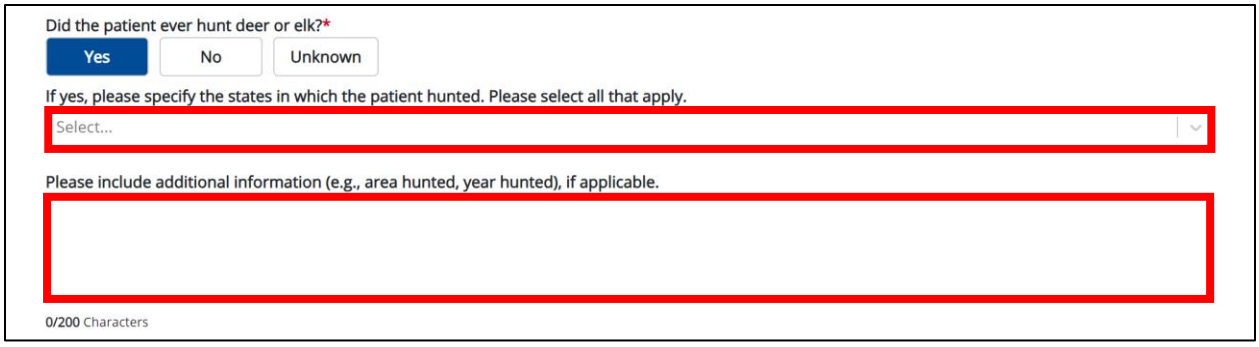


29. Select the **appropriate answer** for the conditional question: *Did the patient ever hunt deer or elk?*

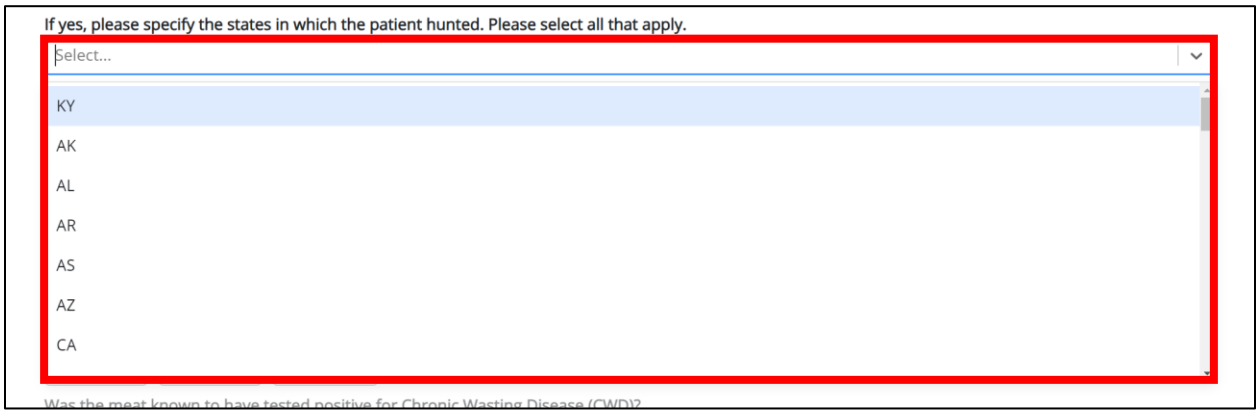


30. If ***Yes*** is selected for the *Did the patient ever hunt deer or elk?* field, the following fields are enabled:

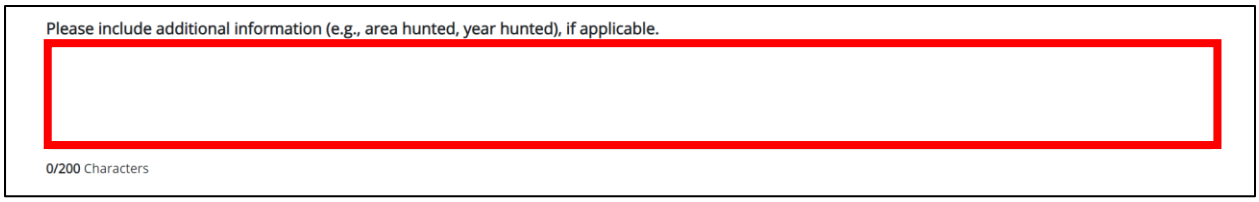
- *If yes, please specify the states in which the patient hunted. Please select all the apply.*
- *Please include additional information (e.g., area hunted, year hunted), if applicable.*



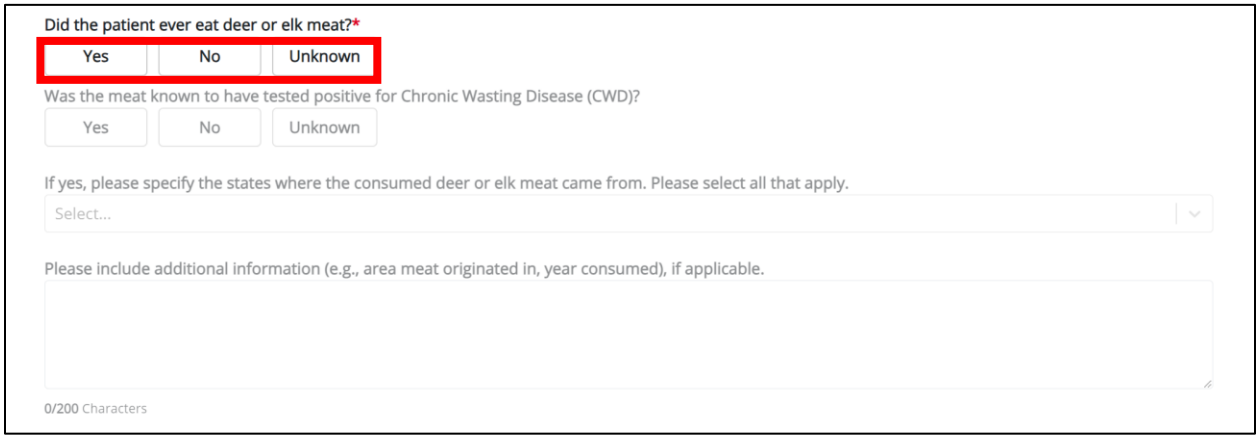
31. Select the **appropriate answer(s)** from the multiselect dropdown menu for the field: *If yes, please specify the states in which the patient hunted. Please select all that apply.*



32. If applicable, enter the **patient's additional hunting details** in the textbox for the field: *Please include additional information (e.g., area hunted, year hunted), if applicable.*

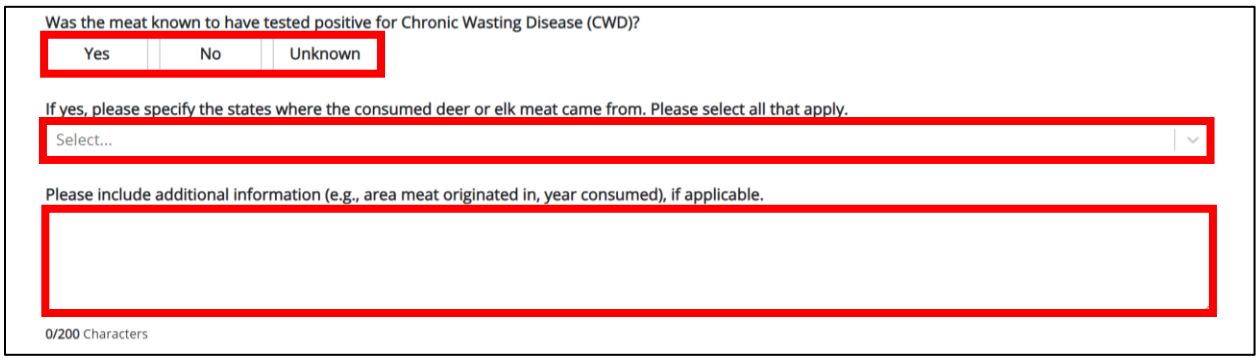


33. Select the **appropriate answer** for the conditional question: *Did the patient ever eat deer or elk meat?*

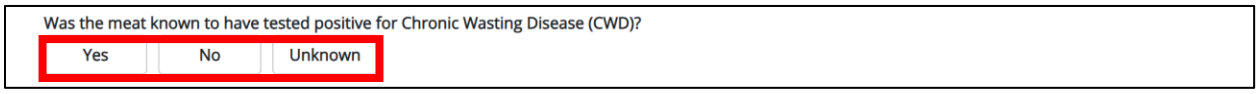


34. If ***Yes*** is selected for the *Did the patient ever eat deer or elk meat?* field, the following fields are enabled:

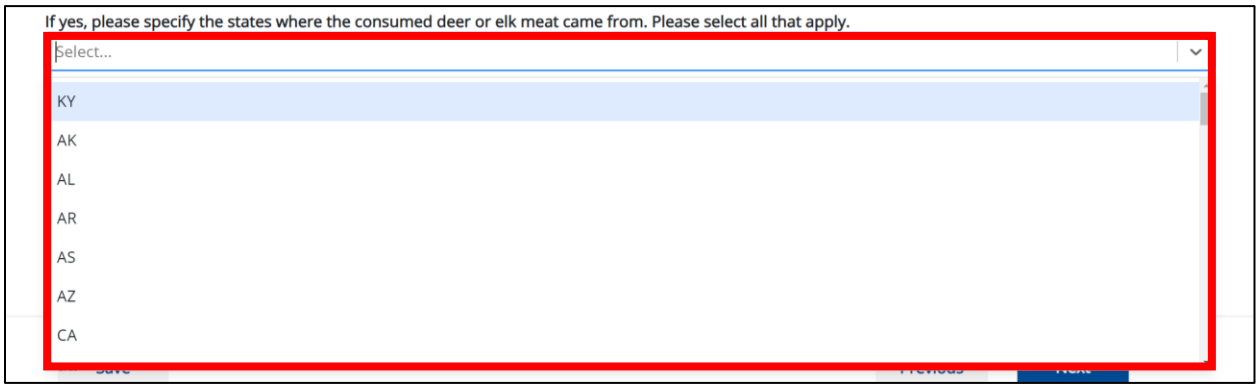
- *Was the meat known to have tested positive for Chronic Wasting Disease (CWD)?*
- *If yes, please specify the states where the consumed deer or elk meat came from. Please select all that apply.*
- *Please include additional information (e.g., area meat originated in, year consumed), if applicable.*



35. Select the **appropriate answer** for the field: *Was the meat known to have tested positive for Chronic Wasting Disease (CWD)?*



36. Select the **appropriate answer(s)** from the multiselect dropdown menu for the field: *If yes, please specify the states were the consumed deer or elk meat came from. Please select all that apply.*

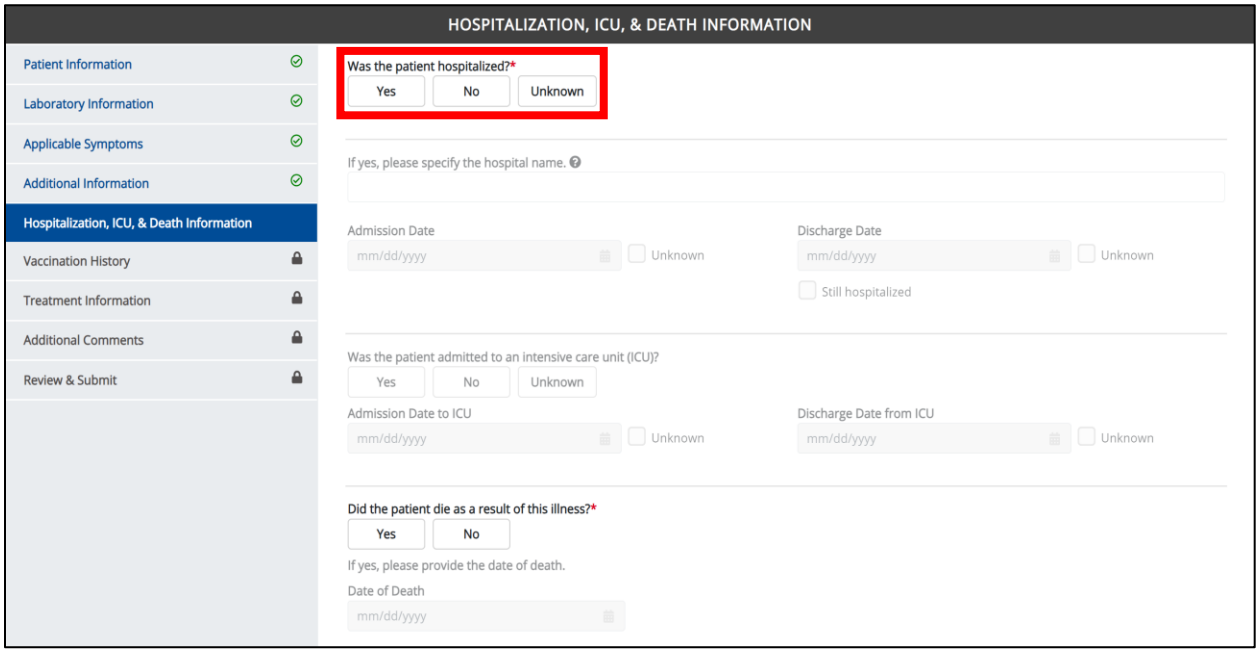


37. If applicable, enter **additional information about the deer or elk meat** in the textbox for the field: *Please include additional information (e.g., area meat originated in, year consumed), if applicable.*

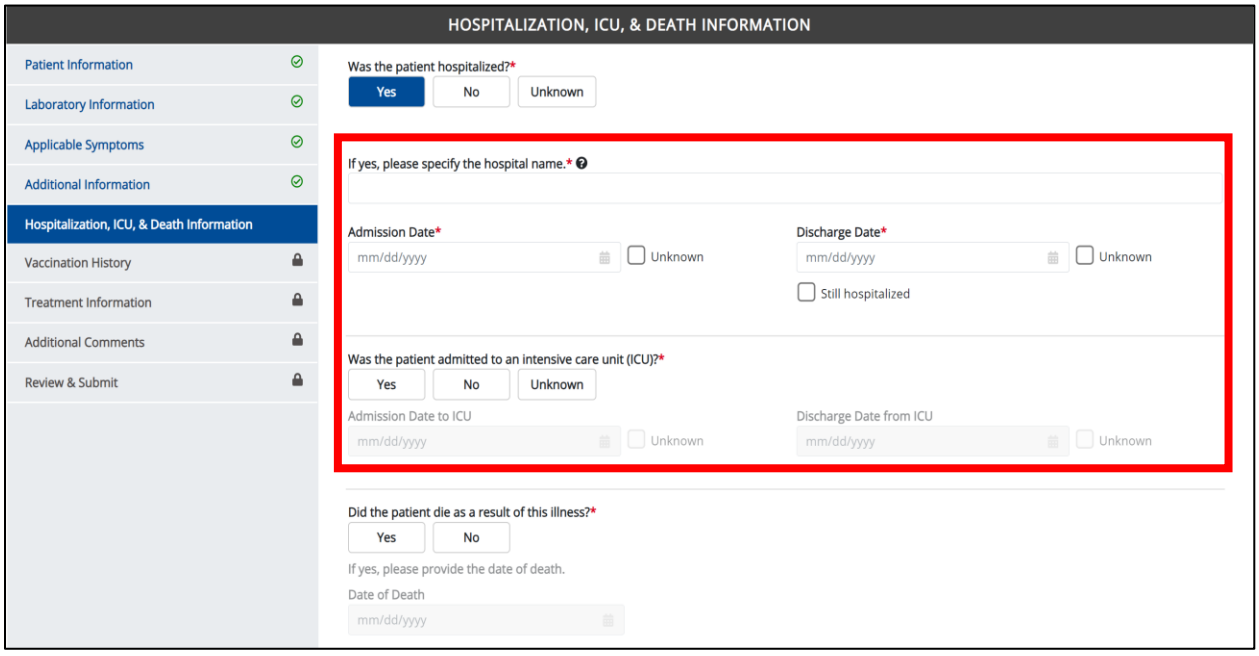
38. Once complete, click **Next** to proceed to the **Hospitalization, ICU, and Death Information** screen.

6 Hospitalization, ICU, & Death Information

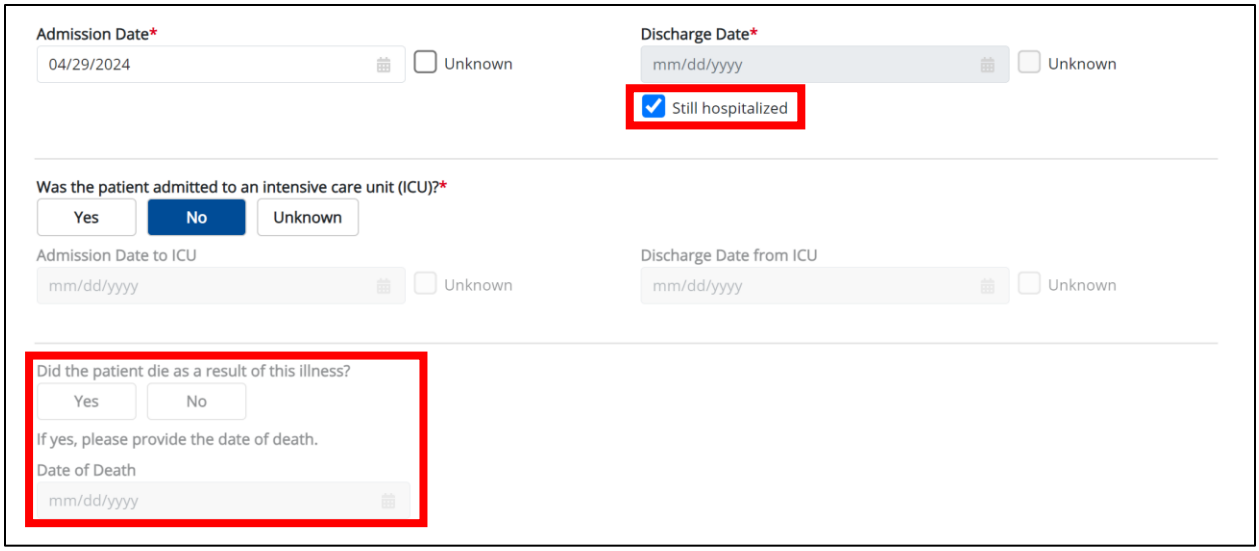
1. On the **Hospitalization, ICU, & Death Information** screen, select the **appropriate answer** for the conditional question at the top: *Was the patient hospitalized*?



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



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

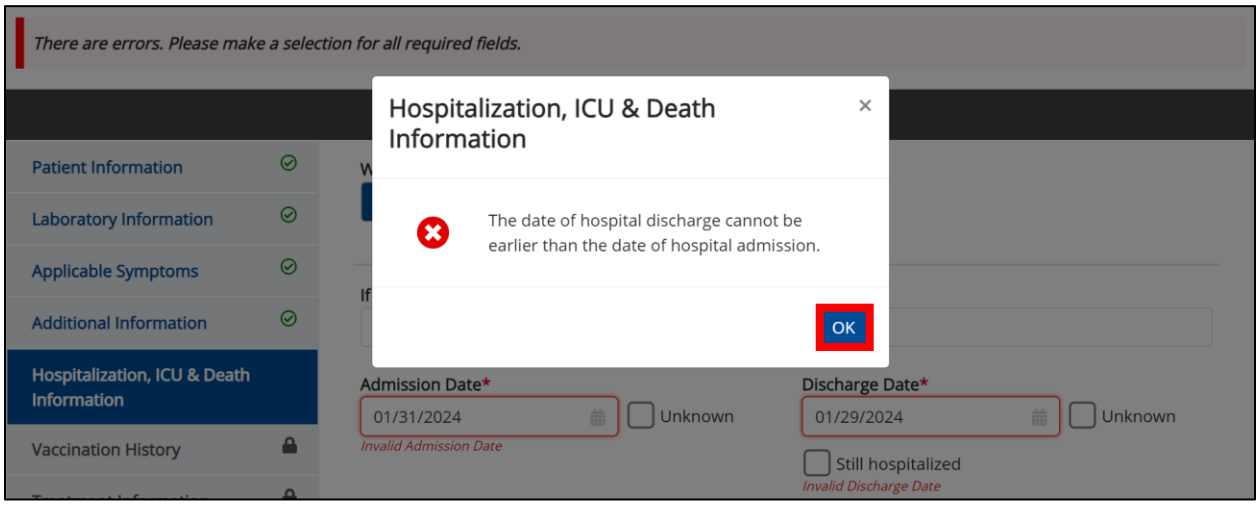


Please Note: The Admission Date **cannot** occur **after** the Discharge Date. The Admission Date must occur on the **same date** or any date **BEFORE** the Discharge Date.

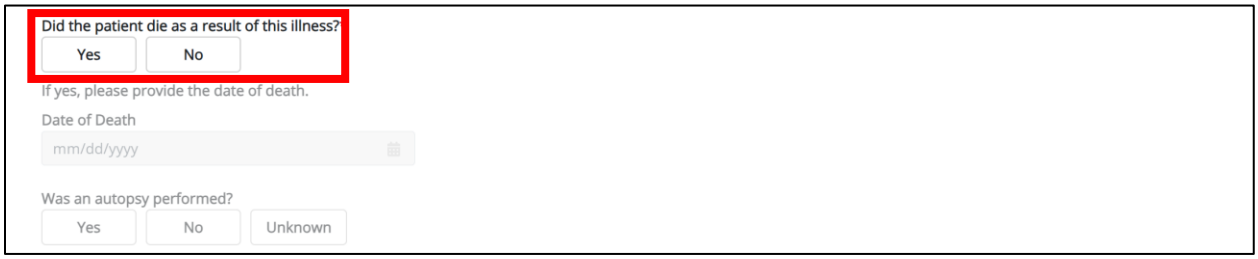
If you enter an Admission Date that occurs after the Discharge Date and click **Next**, both fields are marked as invalid, and the screen is grayed out and displays a pop-up message that states:

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.

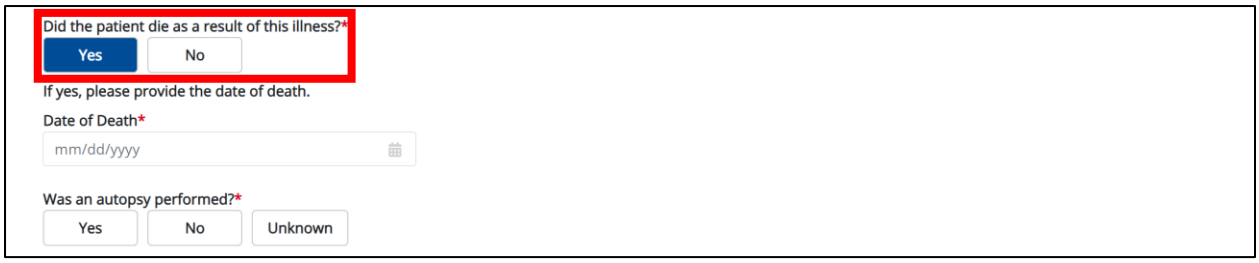


3. Select the **appropriate answer** for the conditional question: *Did the patient die as a result of this illness*?

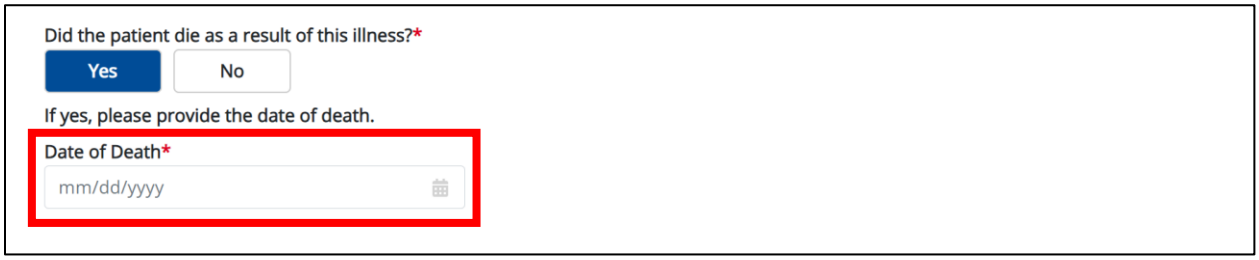


4. If ***Yes*** is selected for the *Did the patient die as a result of this illness* field, the following fields are enabled:

- *If yes, please provide the date of death.*
- *Was an autopsy performed?*



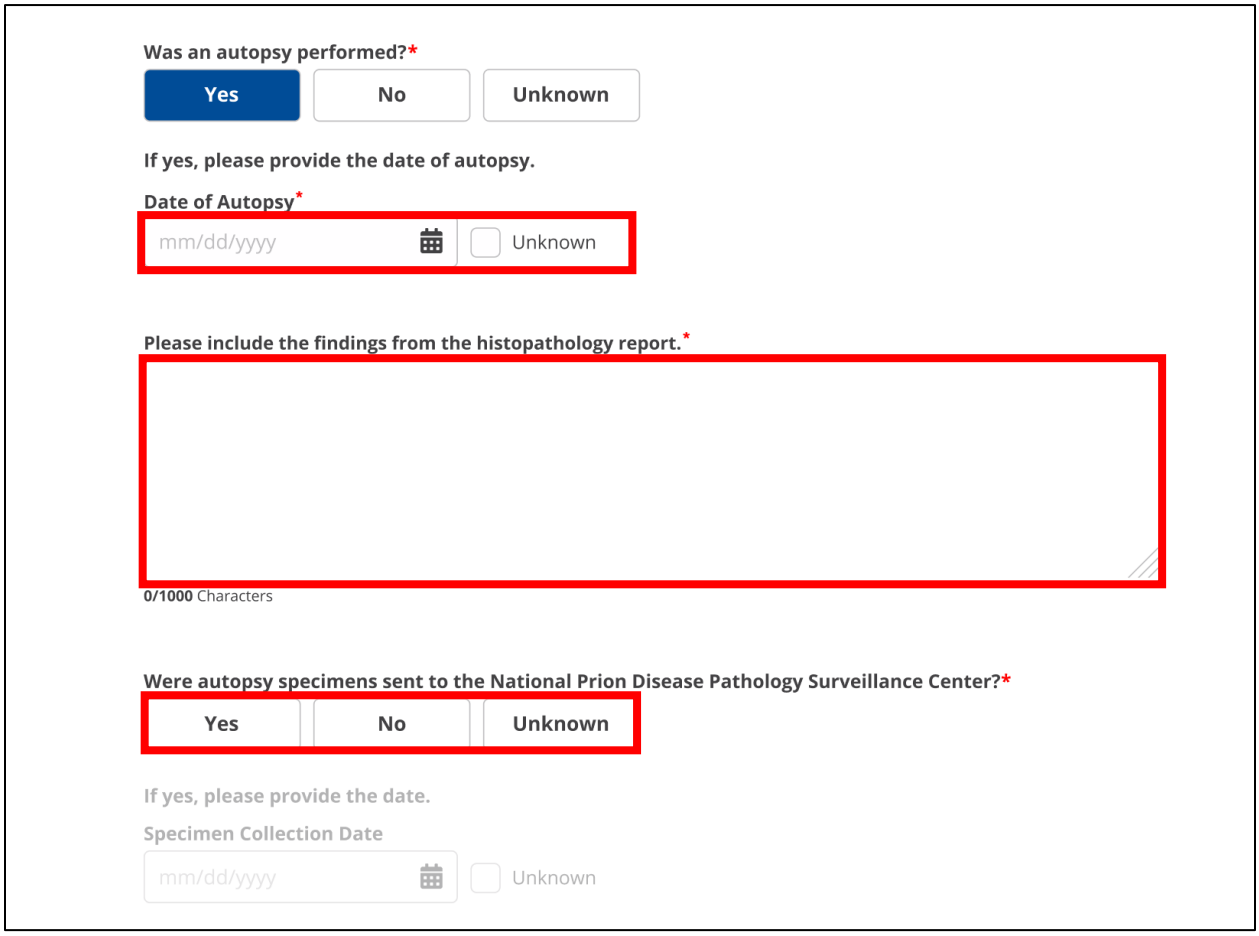
5. Enter the **Date of Death** in the textbox for the field: *If yes, please provide the date of death.*



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

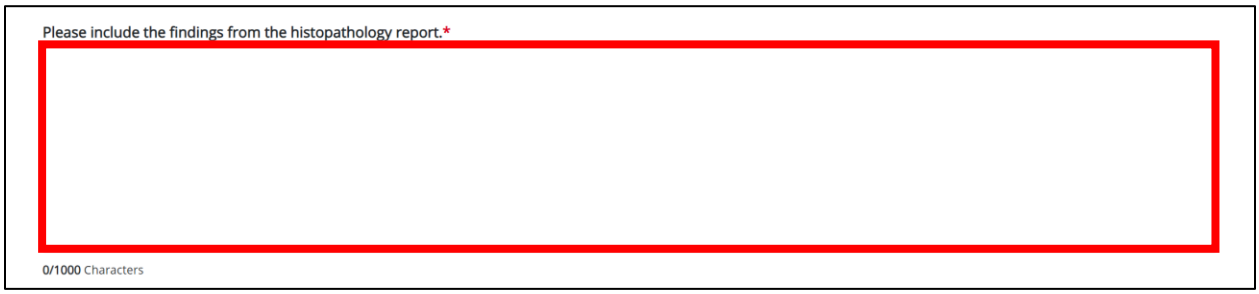
7. If ***Yes*** is selected for the *Was an autopsy performed* field, the following fields are enabled:

- *If yes, please provide the date of autopsy.*
- *Please include the findings from the histopathology report.*
- *Were autopsy specimens sent to the National Prion Disease Pathology Surveillance Center?*

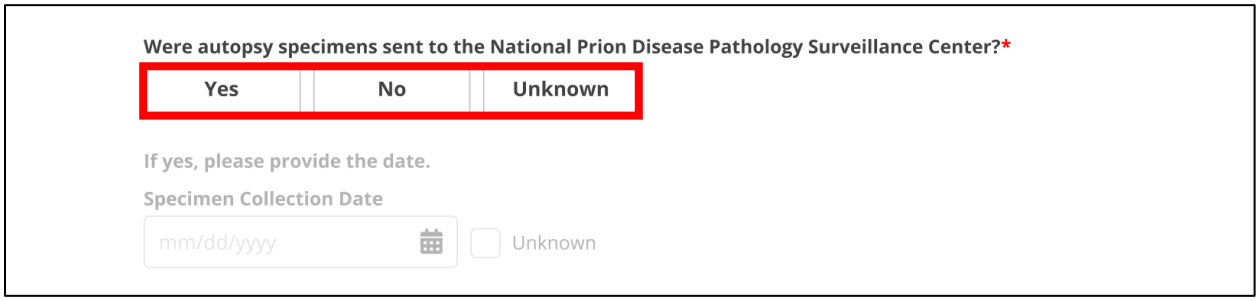


8. Enter the **Date of Autopsy** for the field: *If yes, please specify the date of autopsy.* If the date of autopsy is unknown, click the ***Unknown*** checkbox.

9. Enter the **histopathology report details** in the textbox for the field: *Please include the findings from the histopathology report.*



10. Select the **appropriate answer** for the conditional question: *Were autopsy specimens sent to the National Prion Disease Pathology Surveillance Center?*



11. If ***Yes*** is selected, enter the **Specimen Collection Date** for the field: *If yes, please provide the date.* If the specimen collection date is unknown, click the ***Unknown*** checkbox.

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