Kentucky Health Information Exchange (KHIE)

Other Reportable Diseases Case Report: Toxoplasmosis (*Toxoplasma gondii*) & Toxoplasmosis, Congenital

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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Document Control Information

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1 Introduction

Overview

This training manual covers the unique functionalities for the Toxoplasmosis and Toxoplasmosis, Congenital conditions in the Other Reportable Conditions eICR Form in the ePartnerViewer. The Toxoplasmosis condition contains unique birth-related fields on the **Patient Information** screen, unique and unique validation pop-ups on the **Review & Submit** screen. The Toxoplasmosis, Congenital condition captures the contact information of the person with whom the patient lives and contains unique validation pop-ups on the **Patient Information** screen. All other screens for Toxoplasmosis and Toxoplasmosis, Congenital conditions 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

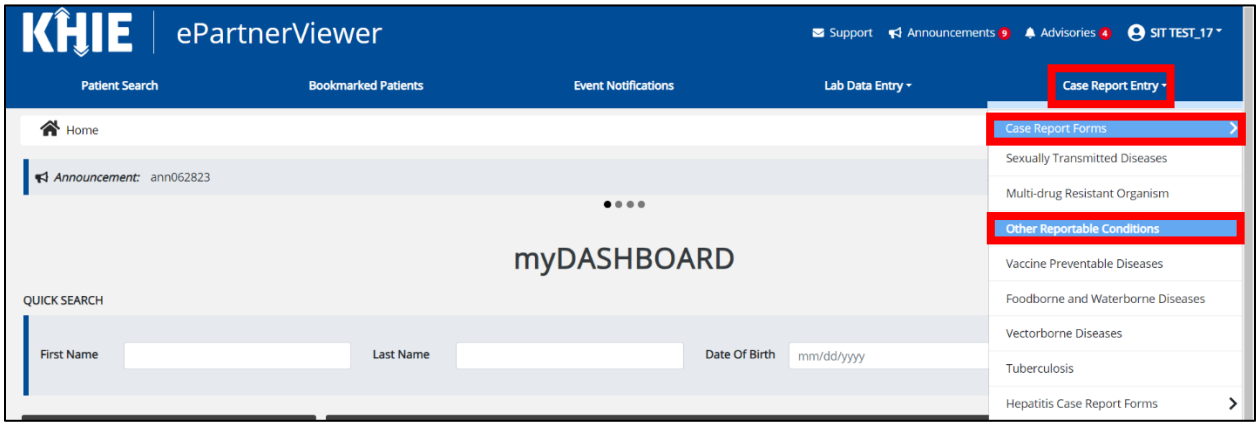
To access the ePartnerViewer, Users must meet the following specifications:

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).

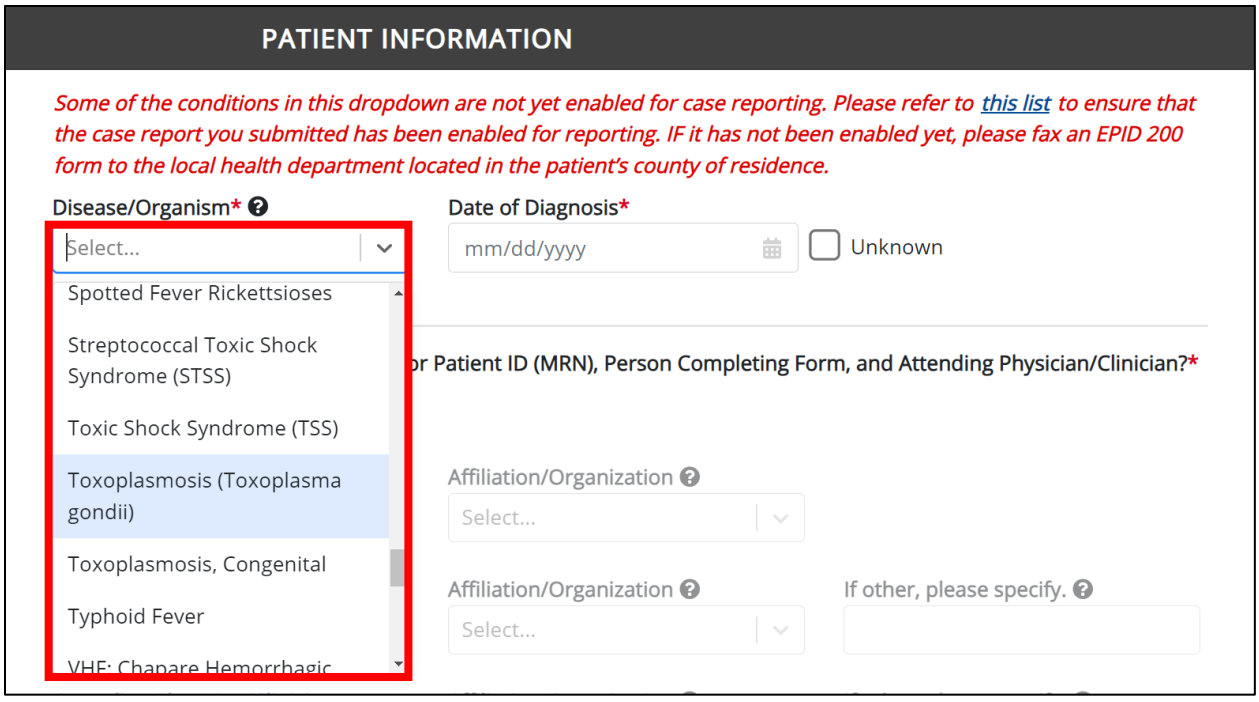
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the ***ePartnerViewer Login: Kentucky Online Gateway (KOG) and Okta Verify Multi-Factor Authentication (MFA) User Guide***.

2 Toxoplasmosis (*Toxoplasma gondii*) Patient Information

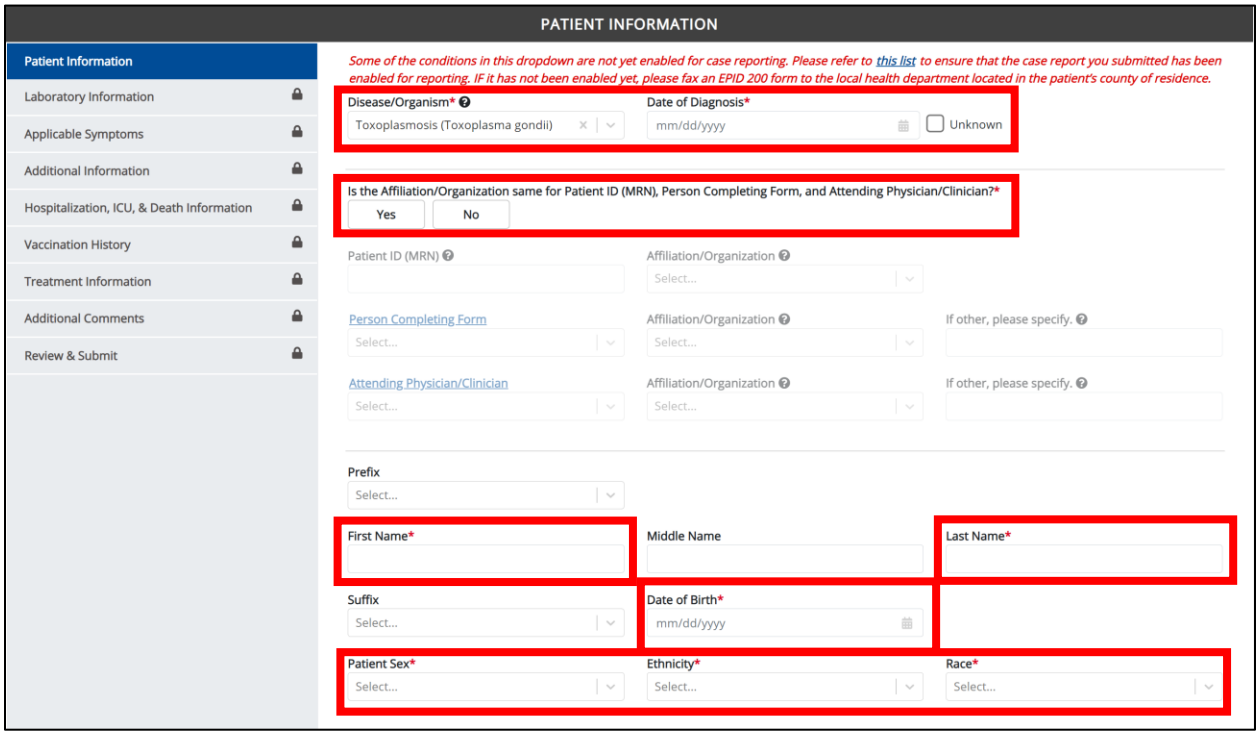
1. To enter Other Reportable Conditions case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.
2. Select **Other Reportable Conditions** from the dropdown menu.



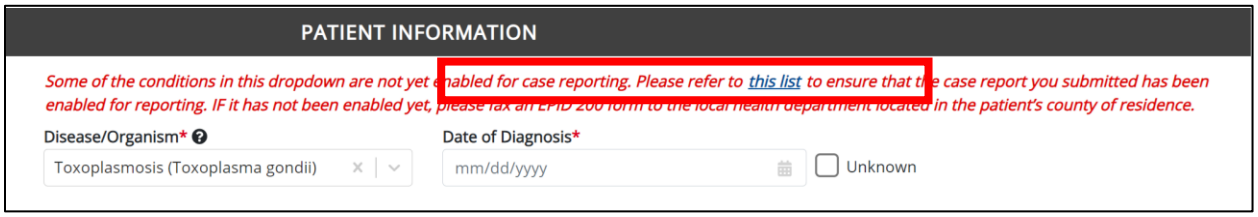
3. To start the Toxoplasmosis (*Toxoplasma gondii*) Case Report entry, select **Toxoplasmosis (*Toxoplasma gondii*)** from the *Disease/Organism* field on the **Patient Information** screen.



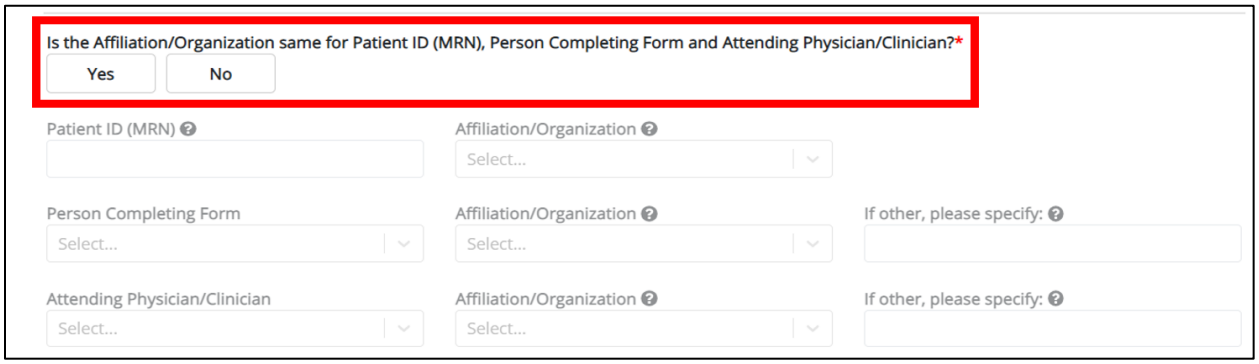
4. You must complete the mandatory fields on the **Patient Information** screen.



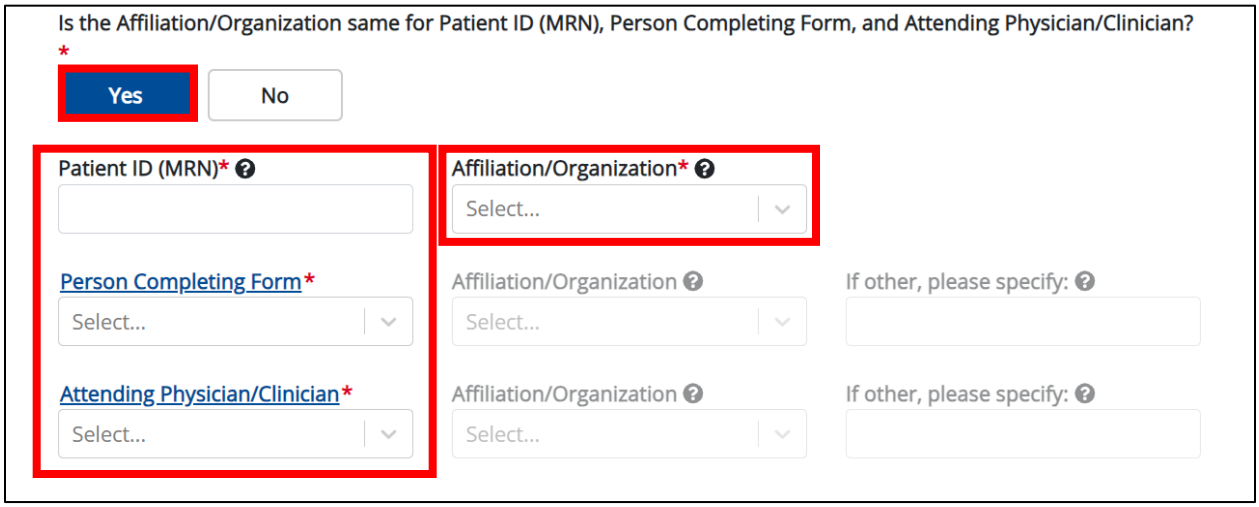
5. Enter the **Date of Diagnosis**. If the date of diagnosis is unknown, click the ***Unknown*** checkbox.



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?*



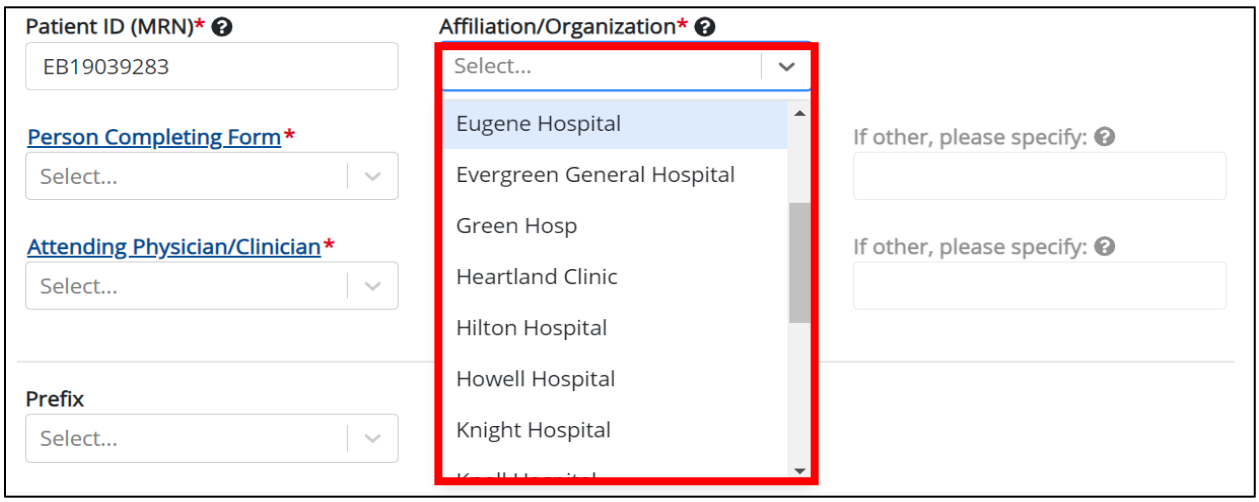
- Click ***Yes*** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.



- 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).

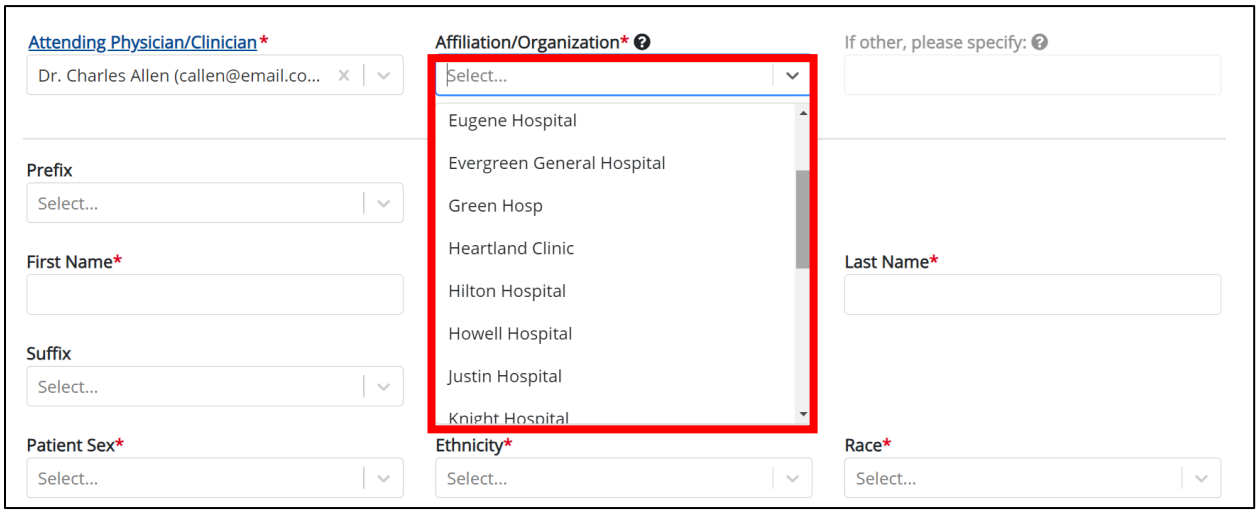
9. From the dropdown menu, select the name of the **Person Completing Form**.

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*?

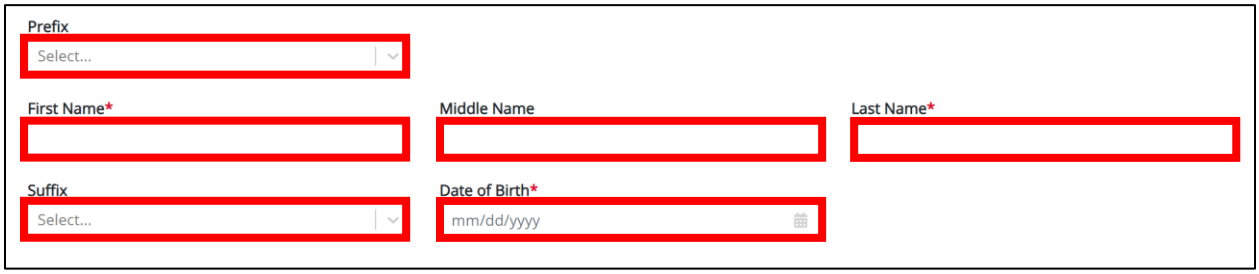
11. Select the **Attending Physician/Clinician** from the dropdown menu.

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

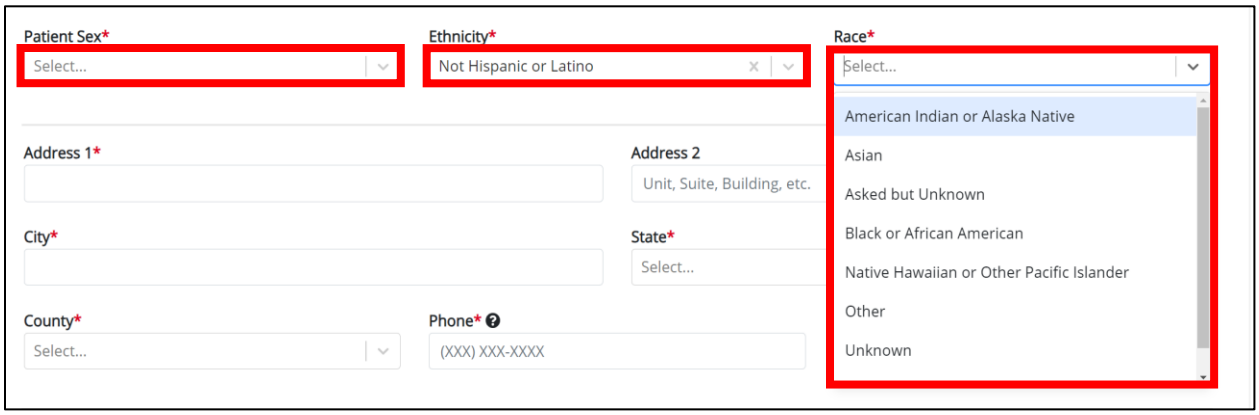


Please Note: The *Affiliation/Organization* field that applies to the Attending Physician/Clinician is enabled only when you select ***No*** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician*?

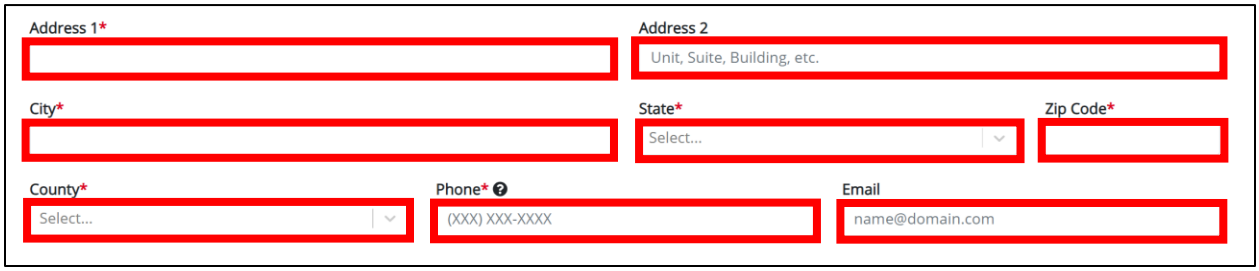
13. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.
14. Enter the patient's **First Name** and **Last Name**.
15. If available, enter the patient's **Middle Name**.
16. Enter the patient's **Date of Birth**.



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



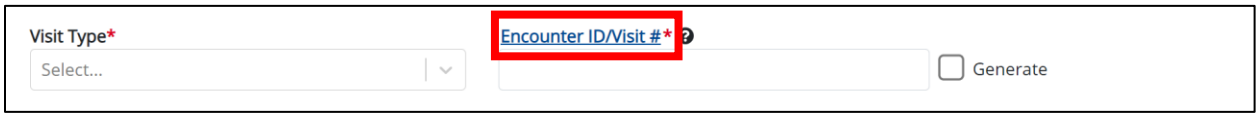
19. Enter the patient's **Street Address**, **City**, **State**, **Zip Code**, and **County**.
20. Enter the patient's **Phone Number**.
21. If available, enter the patient's **Email Address**.



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.

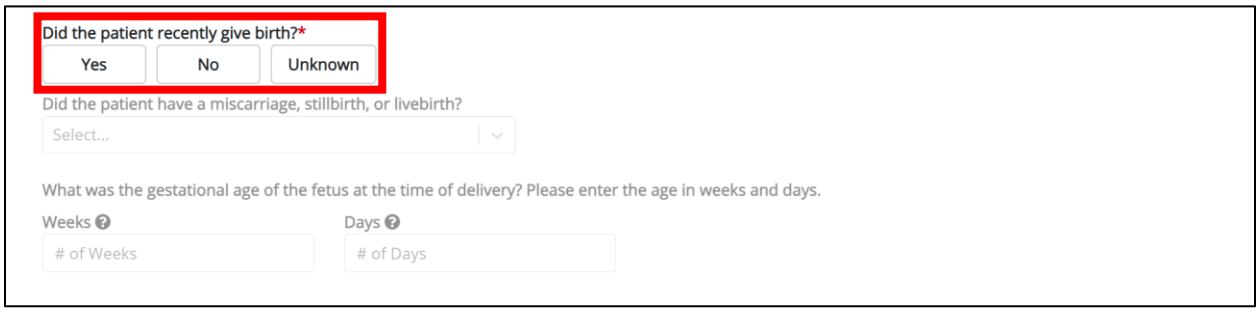
23. If applicable, select the **appropriate answer** to *Is the patient currently pregnant?*

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)*.

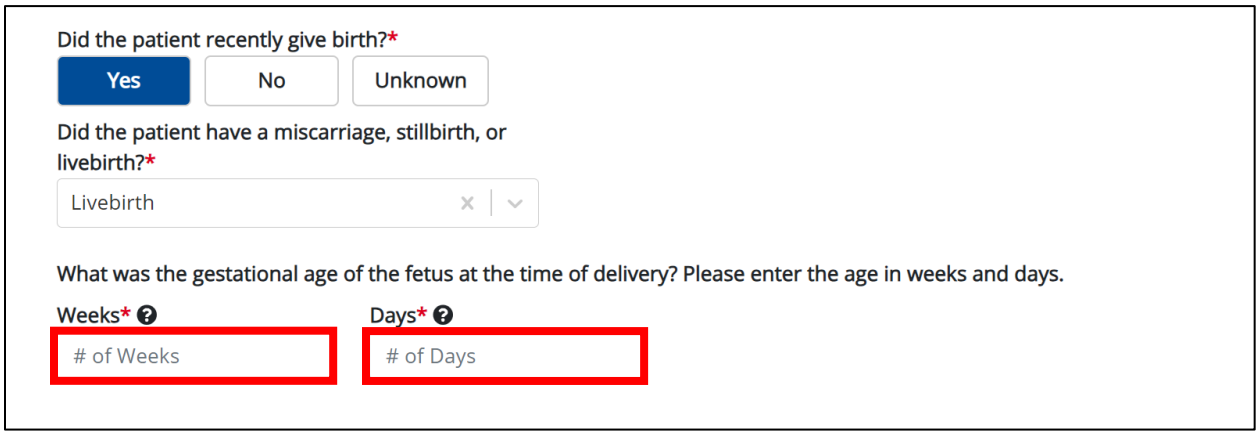
24. If applicable, select the **appropriate answer** to *Did the patient recently give birth?*



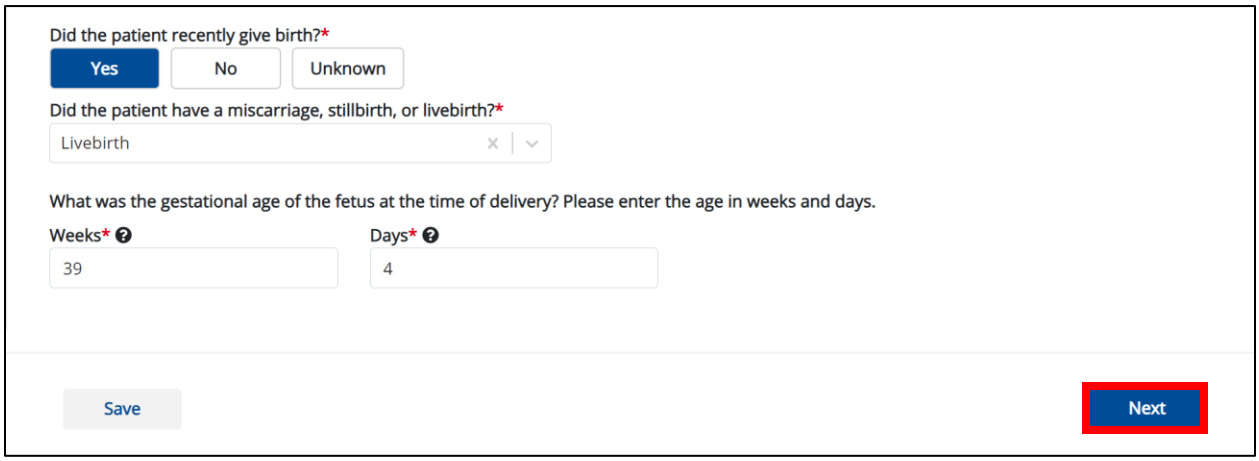
25. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.

26. Select the **appropriate answer** from the subsequent dropdown menu: *Did the patient have a miscarriage, stillbirth, or livebirth?*

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



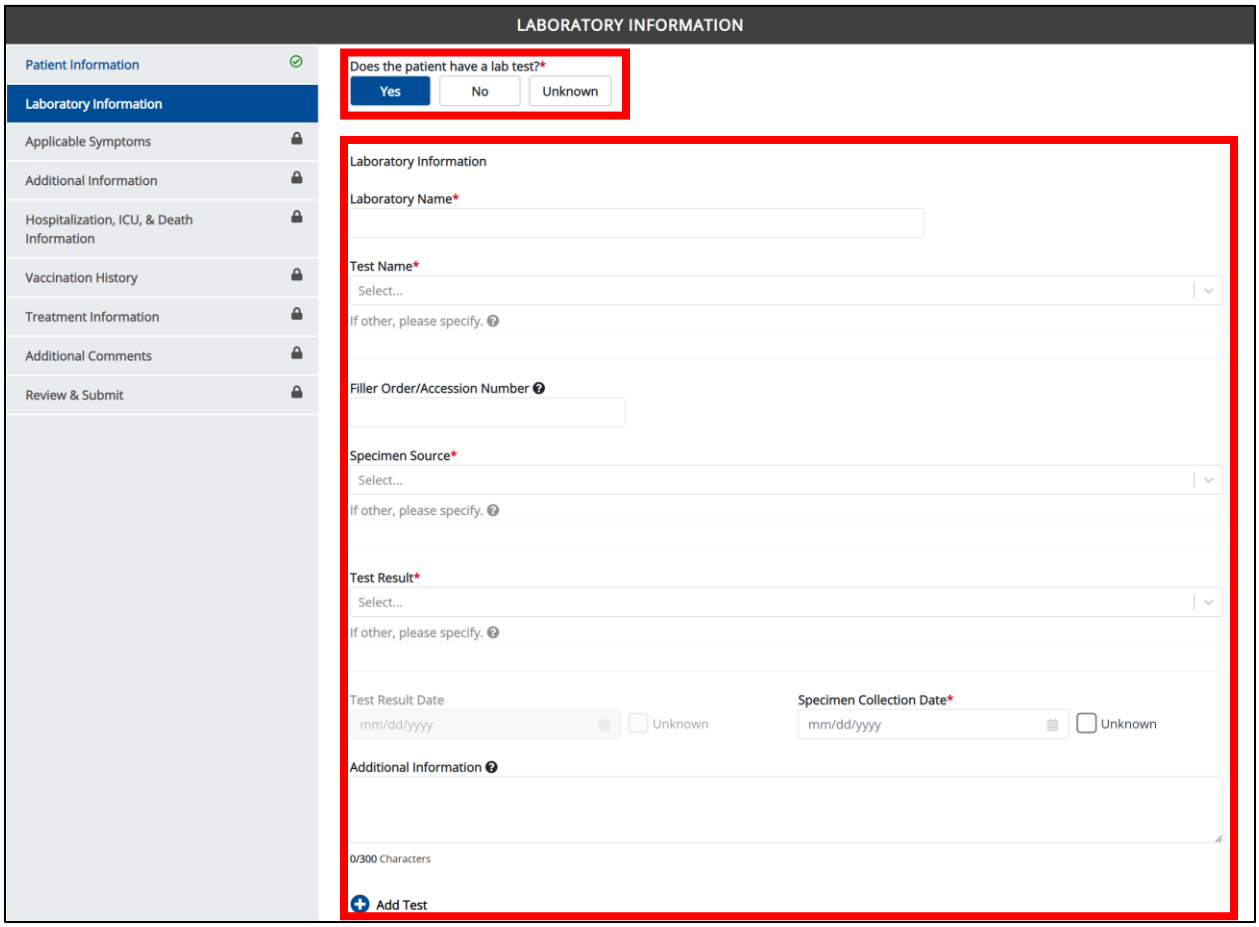
28. When the **Patient Information** screen has been completed, click **Save** to save your progress or click **Next** to proceed to the **Laboratory Information** screen.



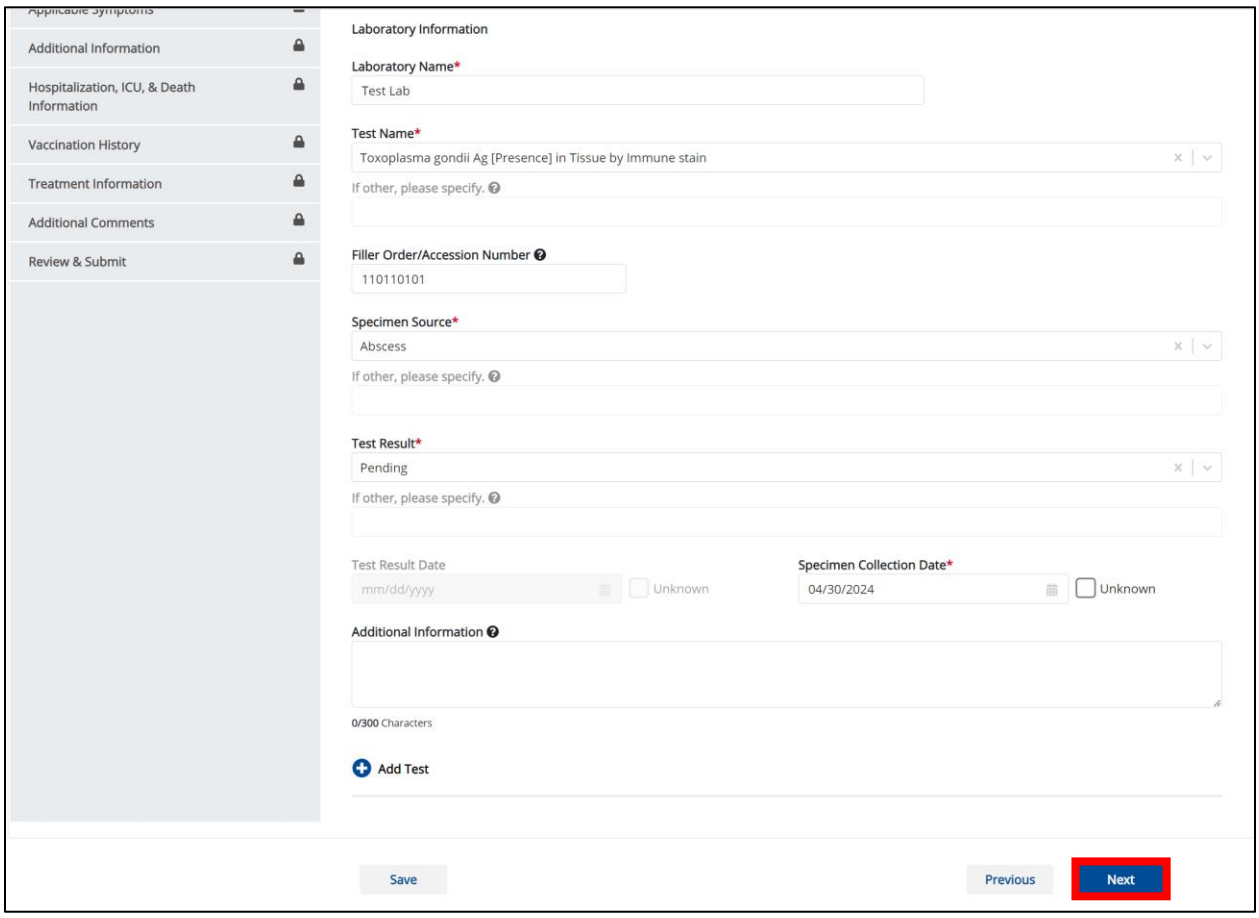
3 Toxoplasmosis (*Toxoplasma gondii*) Laboratory Information

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.

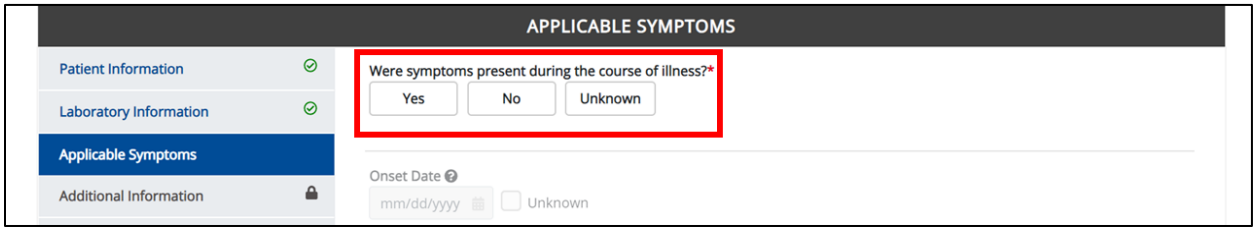


3. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.

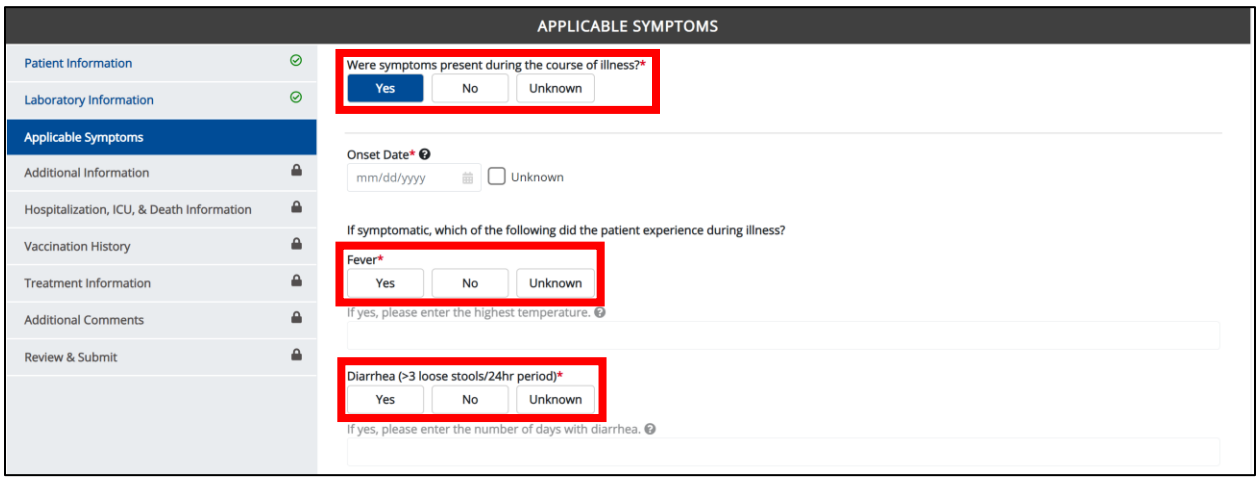


4 Toxoplasmosis (*Toxoplasma gondii*) Applicable Symptoms

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*?



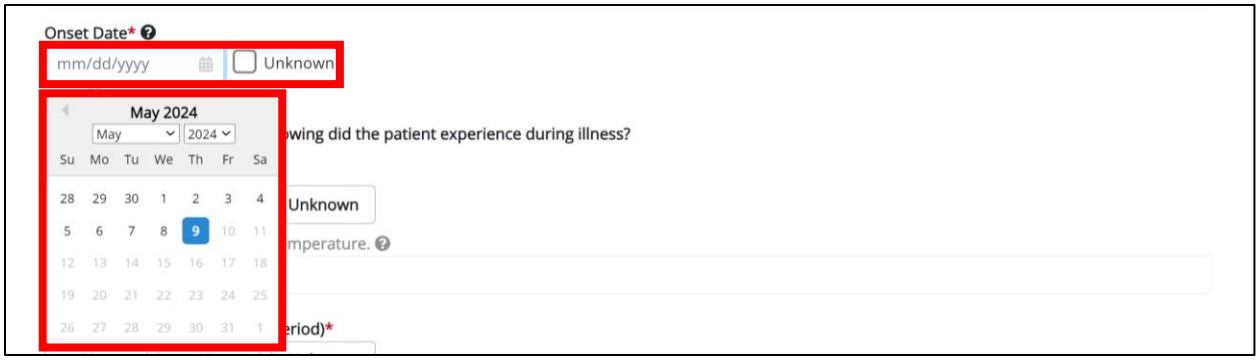
2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled.



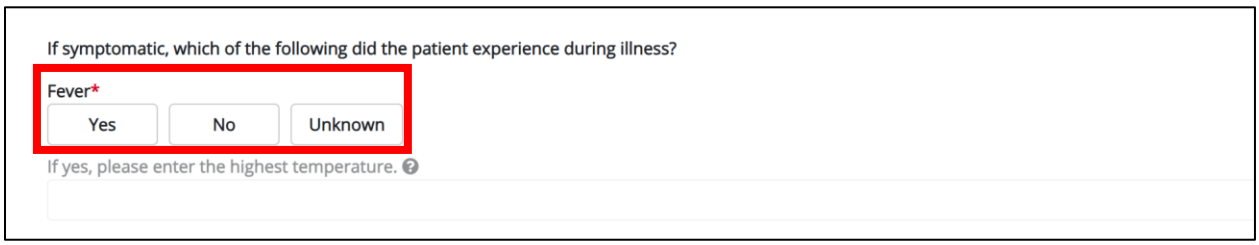
Please Note: If ***No*** is selected for the conditional question, all subsequent symptom fields are disabled and marked with ***No***. If ***Unknown*** is selected for the conditional question, all subsequent symptom fields are disabled and marked as ***Unknown***.

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

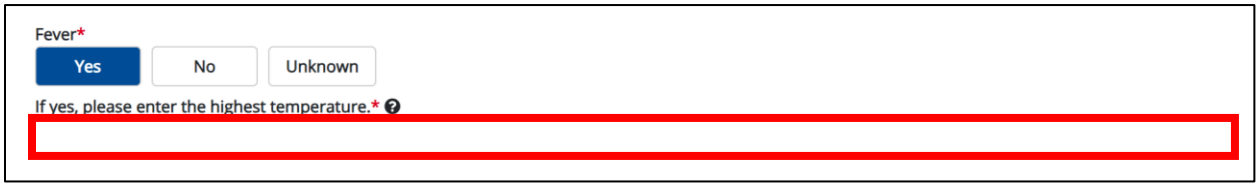
- If the onset date is unknown, click the ***Unknown*** checkbox.



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

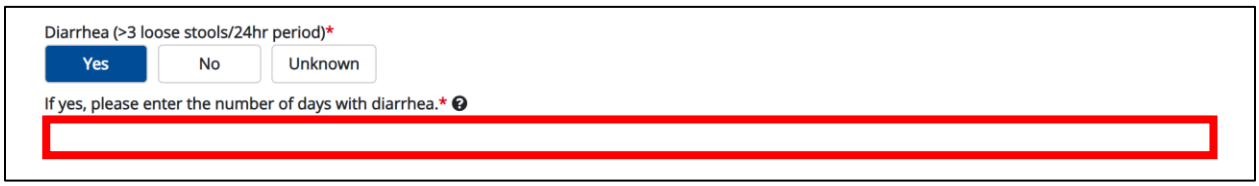


- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature*.

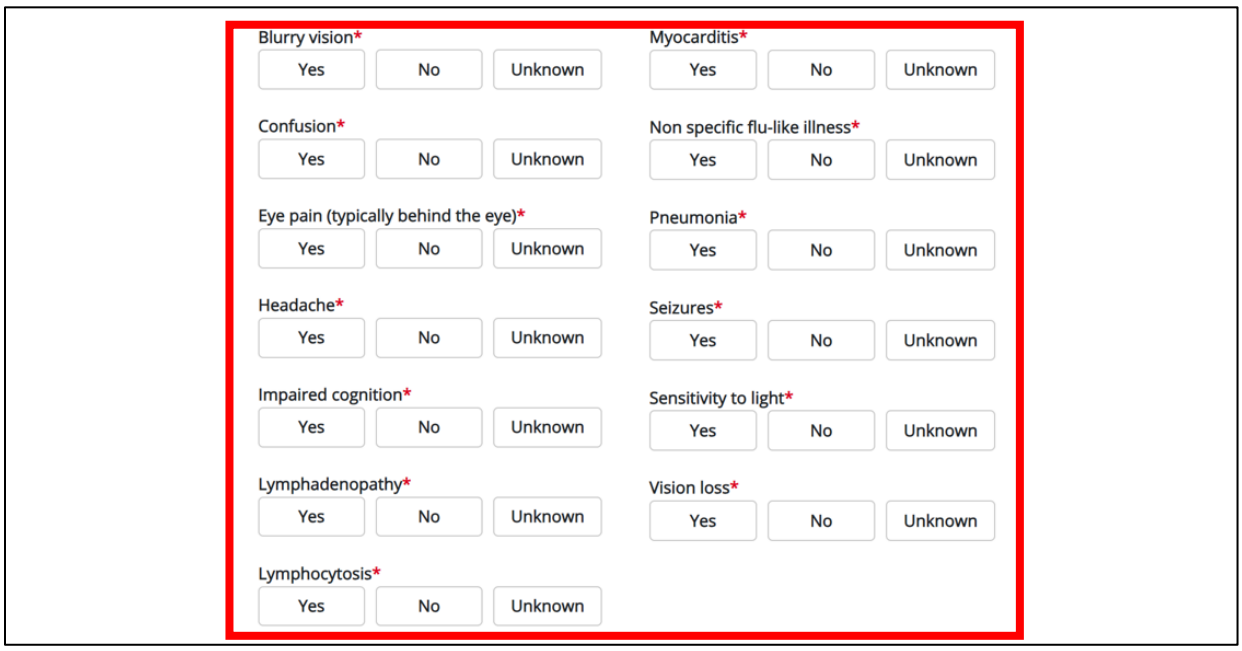


5. To report the patient had diarrhea during the illness, select the **appropriate answer** for the field: *Diarrhea (>3 loose stools/24hr period).*

- 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*.



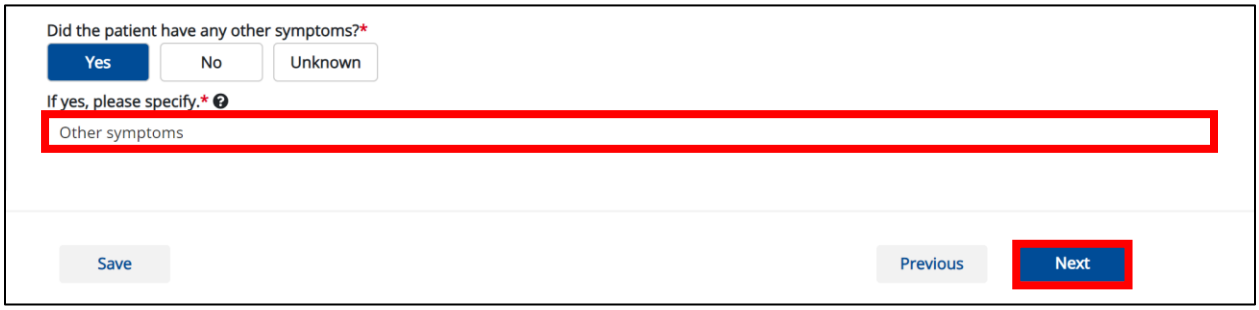
6. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:



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

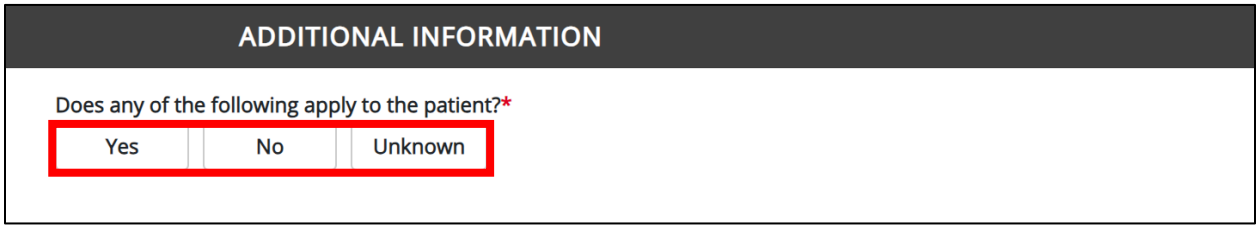
- If ***Yes*** is selected, the subsequent field is enabled. Enter the **patient's other symptoms** in the subsequent textbox: *If yes, please specify*.

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

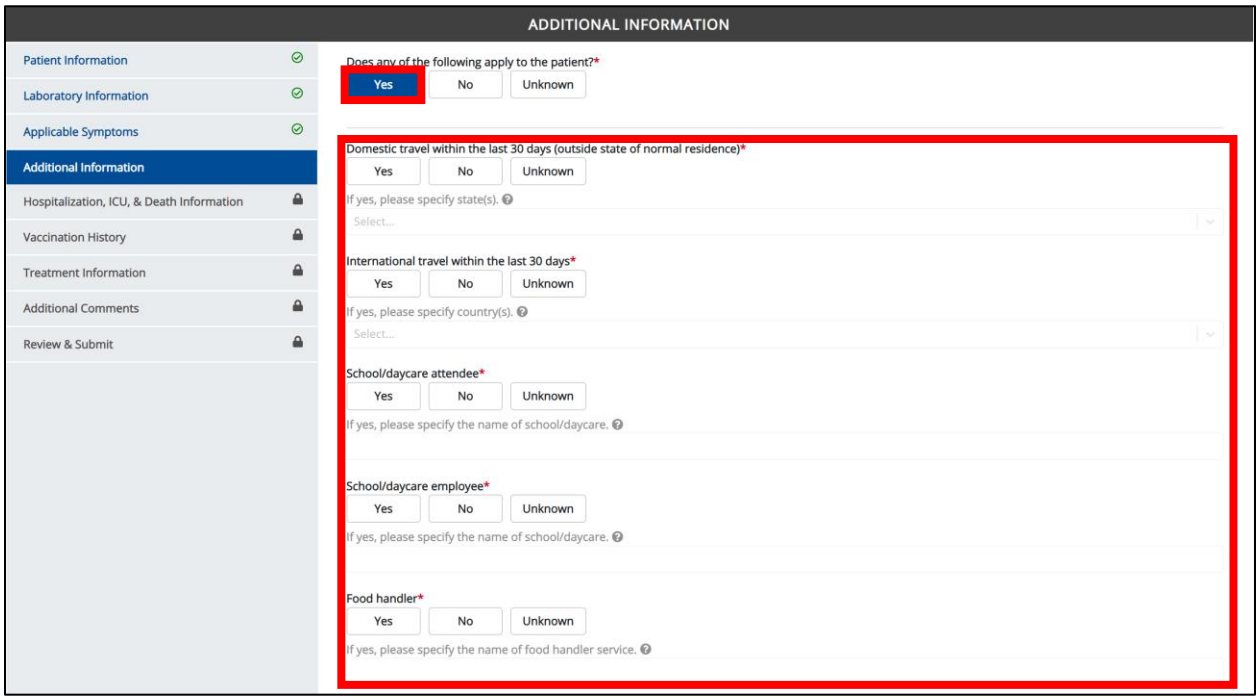


5 Toxoplasmosis (*Toxoplasma gondii*) Additional Information

1. On the **Additional Information** screen, select the **appropriate answer** for the conditional question at the top: *Does any of the following apply to the patient?*



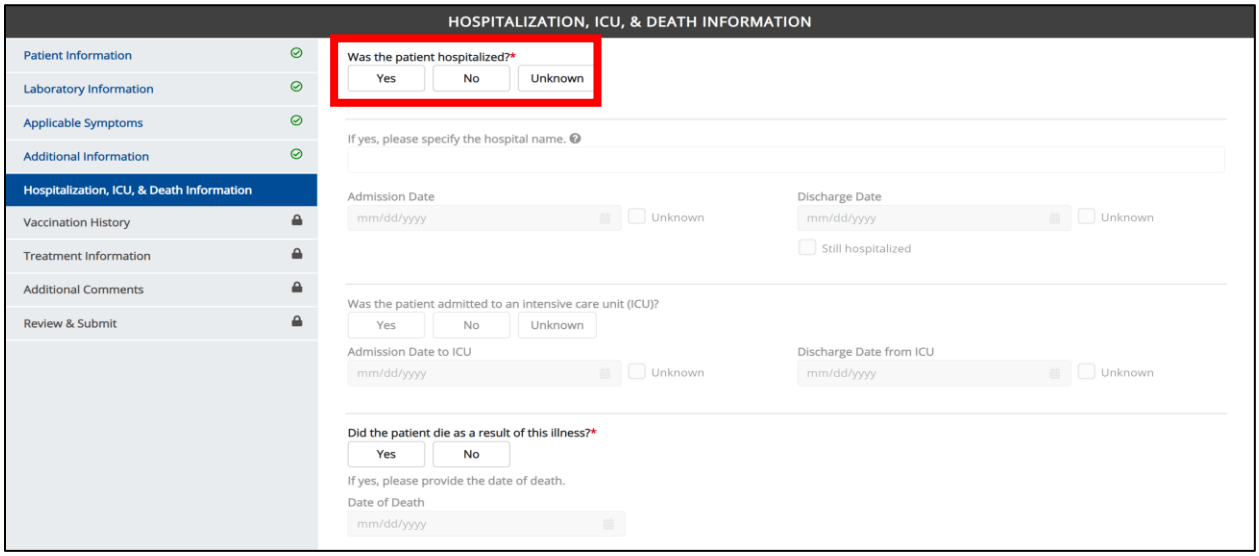
2. If ***Yes*** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.



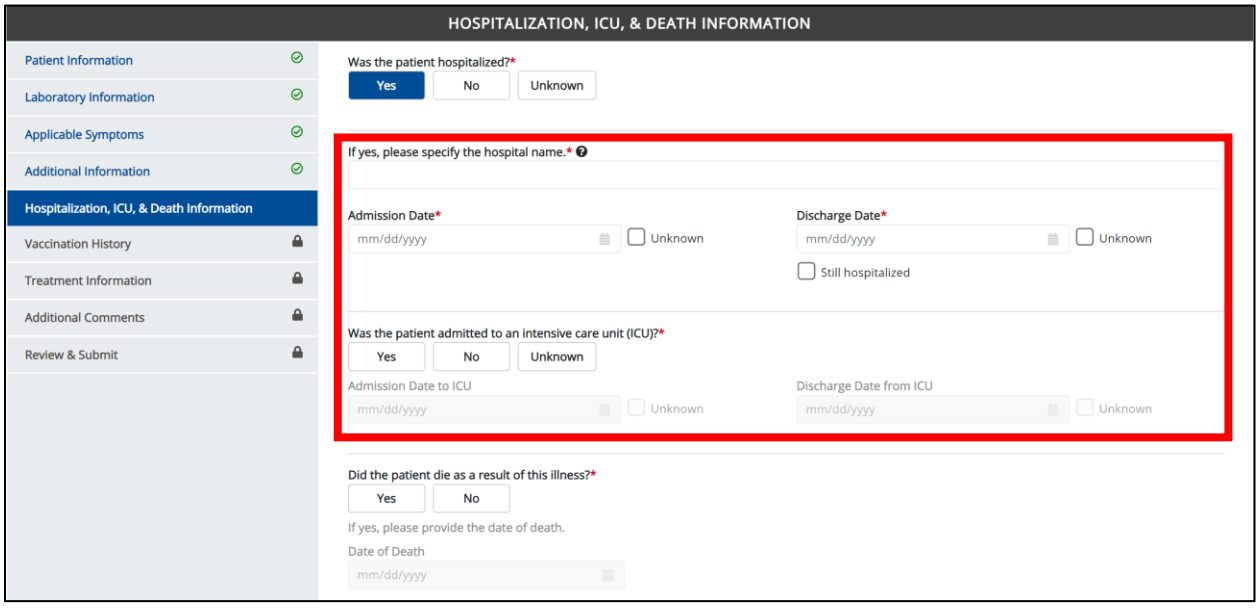
4. Once complete, click **Next** to proceed to the **Hospitalization, ICU, & Death Information** screen.

6 Toxoplasmosis (*Toxoplasma gondii*) Hospitalization, ICU, & Death Information

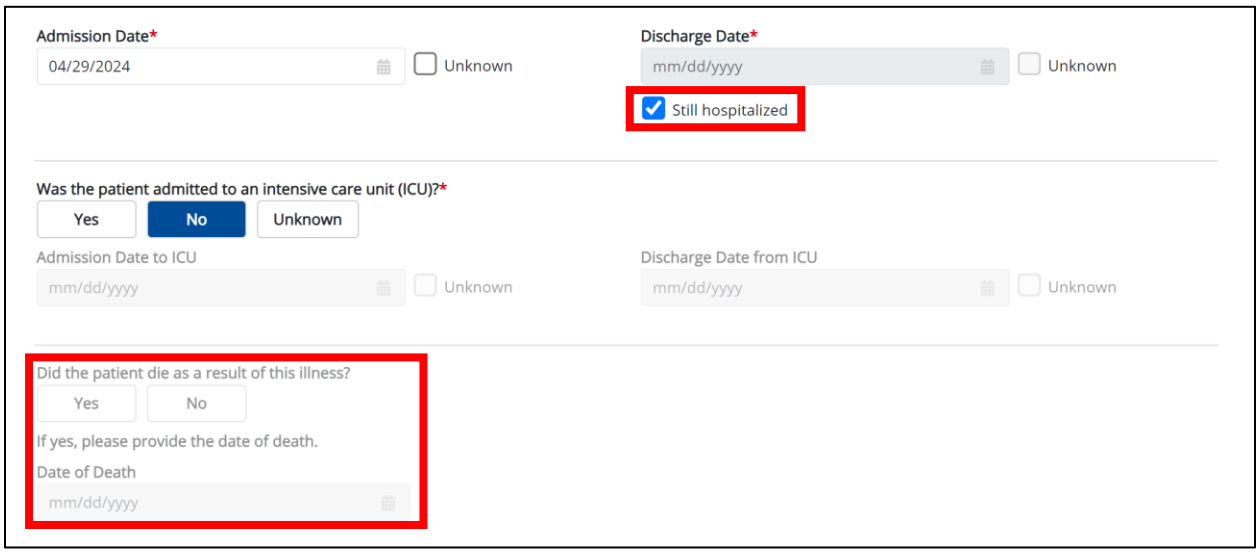
1. On the **Hospitalization, ICU, & Death Information** screen, select the **appropriate answer** for the conditional question at the top: *Was the patient hospitalized*?



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?*

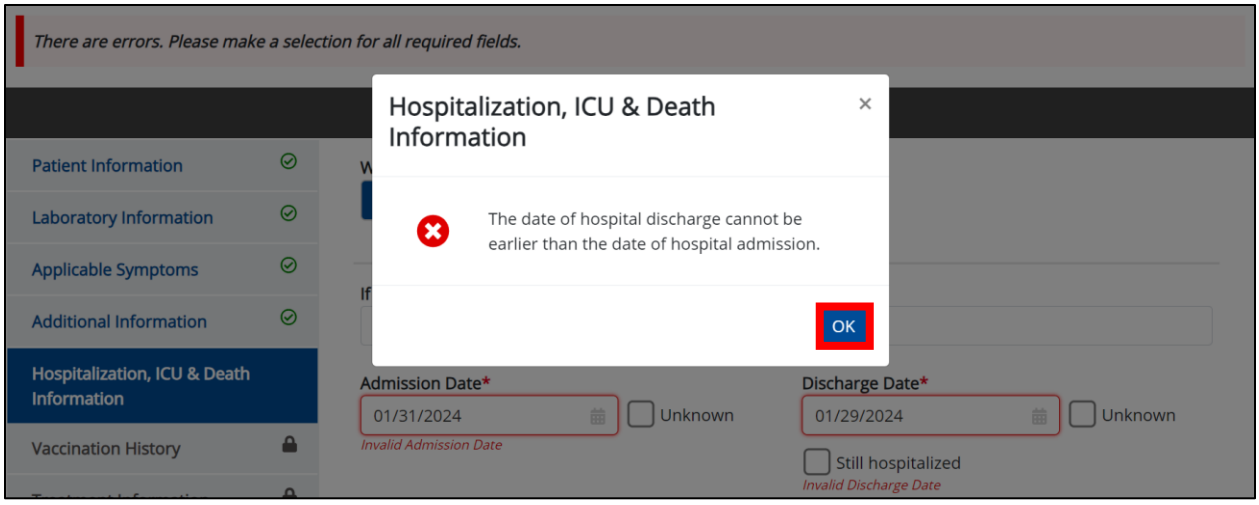


Please Note: The Admission Date **cannot** occur **after** the Discharge Date. The Admission Date must occur on the **same date** or any date **BEFORE** the Discharge Date.

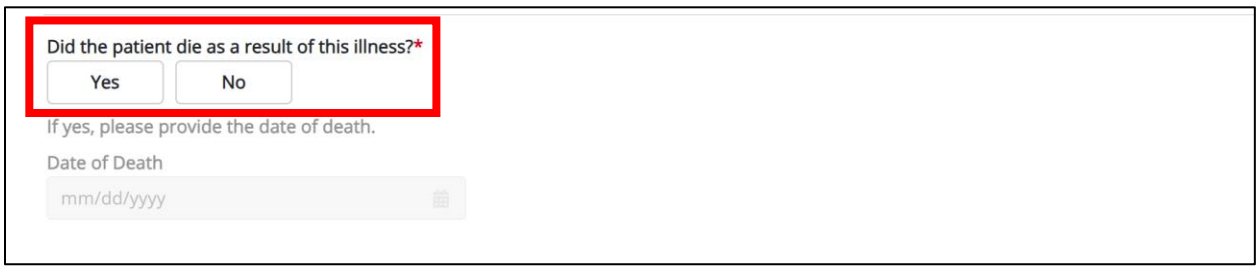
If you enter an Admission Date that occurs after the Discharge Date and click **Next**, both fields are marked as invalid, and the screen is grayed out and displays a pop-up message that states:

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

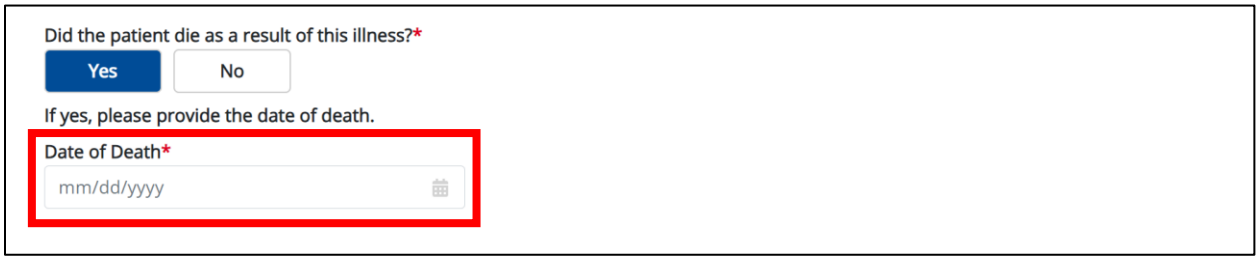
To proceed, you must click **OK** and enter a valid Discharge Date that occurs **on** or **after** the Admission Date.



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



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

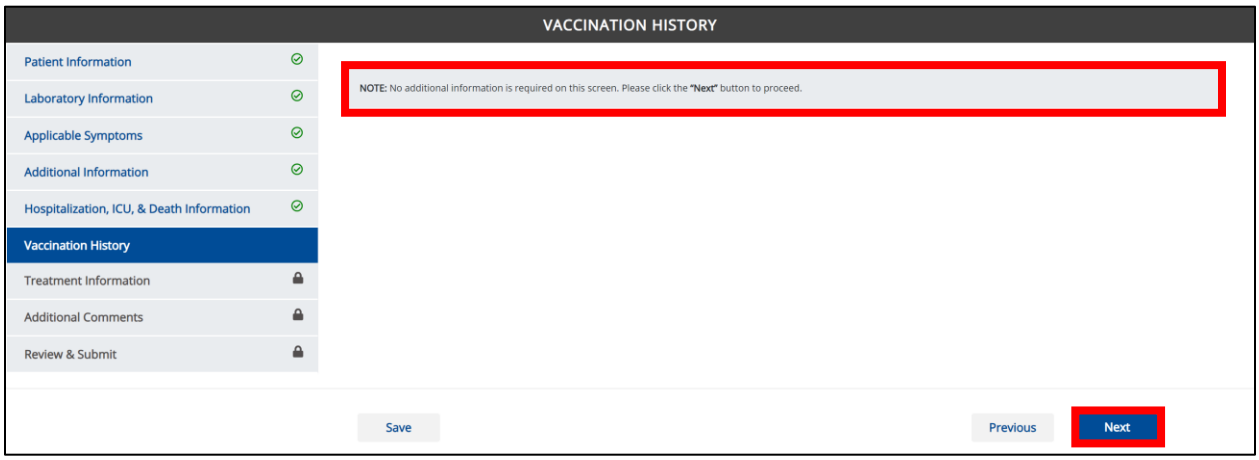


4. Once complete, click **Next** to proceed to the **Vaccination History** screen.

7 Toxoplasmosis (*Toxoplasma gondii*) Vaccination History

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

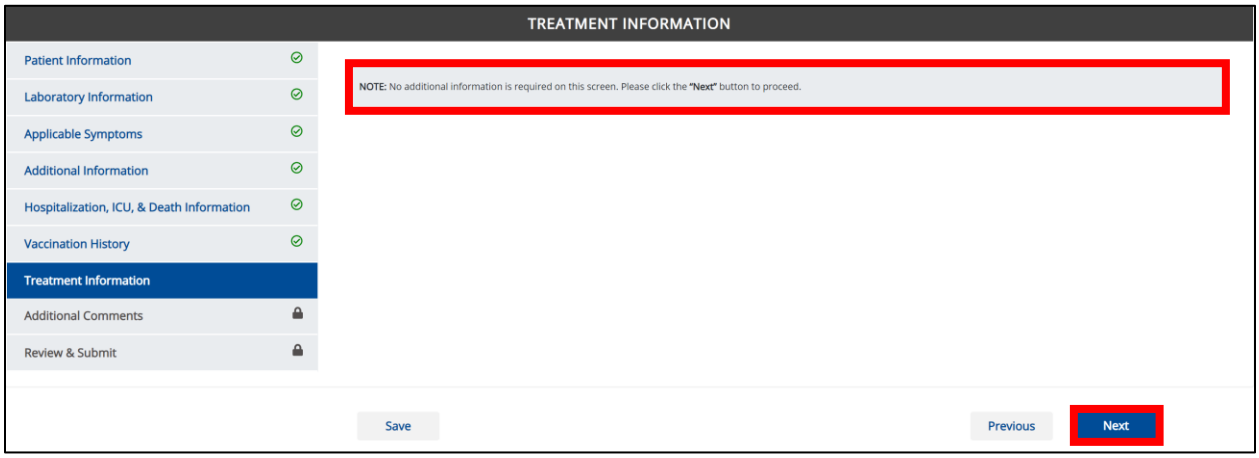
2. Click **Next** to proceed to the Treatment Information screen.



8 Toxoplasmosis (*Toxoplasma gondii*) 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.

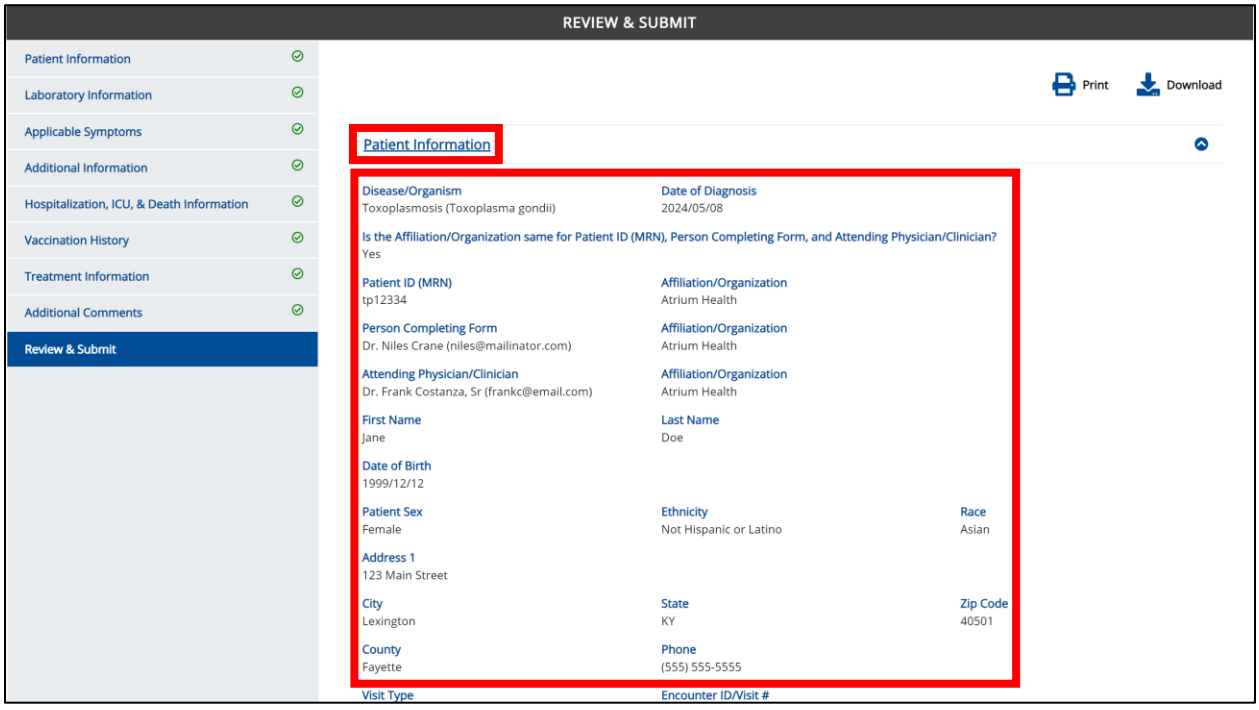


9 Toxoplasmosis (*Toxoplasma gondii*) Additional Comments

1. On the **Additional Comments** screen, enter **additional comments or notes about the patient**, if applicable.
2. Once complete, click **Next** to proceed to the **Review & Submit** screen.

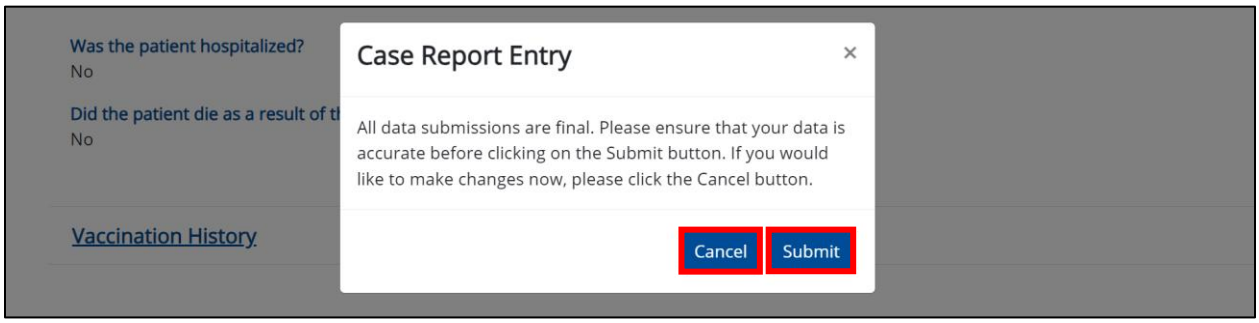
10 Toxoplasmosis (*Toxoplasma gondii*) Review and Submit

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



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

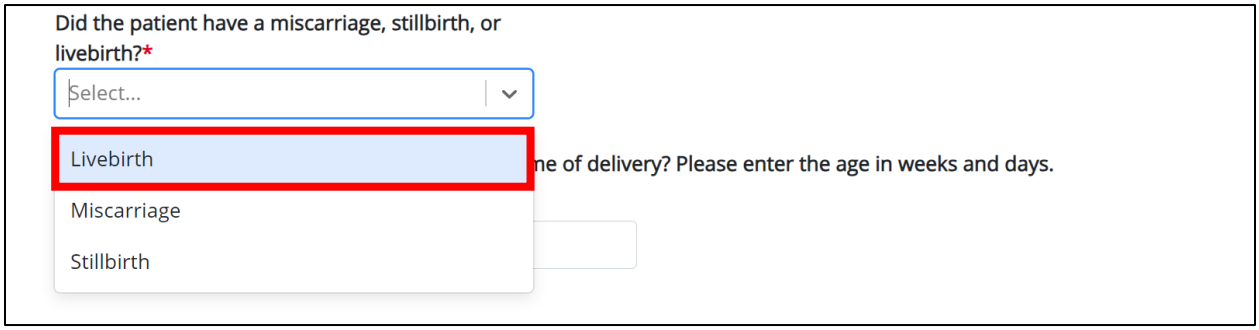
- All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.



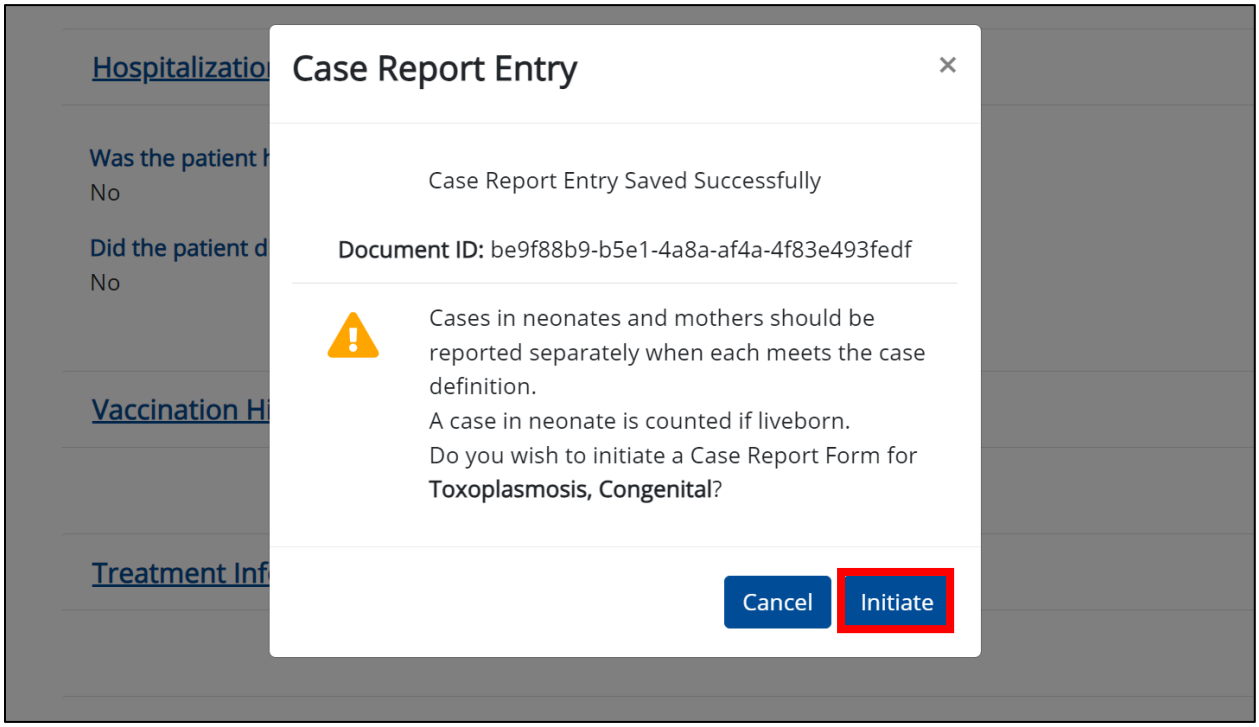
Please Note: Once a case report has been submitted, it is final. Should you later discover that you have entered inaccurate information, please use the **Support Tab** in the ePartnerViewer to report this information.

3. If "*Livebirth*" was selected for the *Did the patient have a miscarriage, stillbirth, or livebirth* dropdown menu on the **Patient Information** screen, then the *Case Report Entry* pop-up displays the following message:

    - *Cases in neonates and mothers should be reported separately when each meets the case definition. A case in neonate is counted if liveborn. Do you wish to initiate a Case Report Form for* ***Toxoplasmosis, Congenital****?*



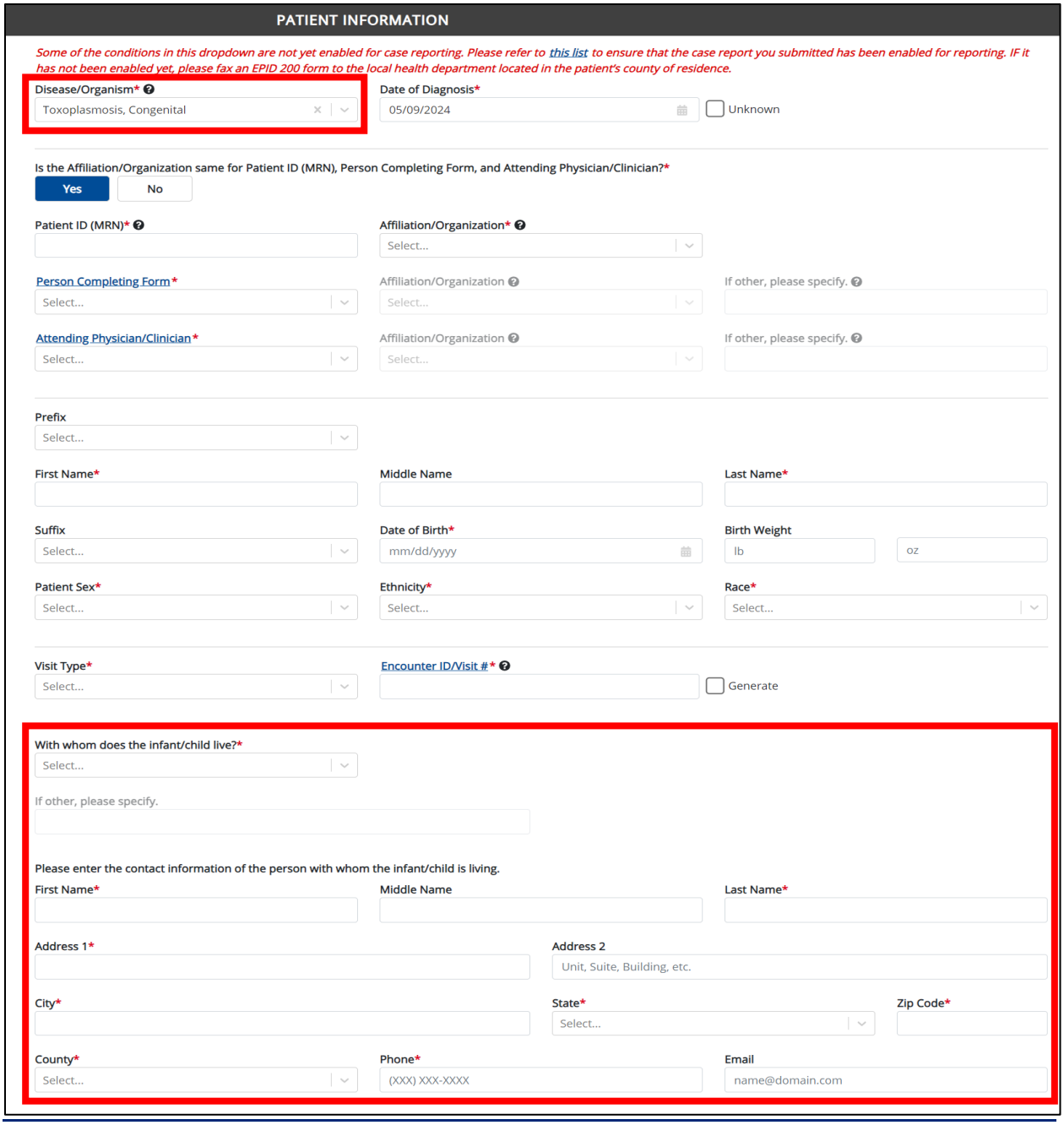
4. This pop-up allows you to create a new Toxoplasmosis, Congenital Case Report Form for the patient's child. To initiate a Toxoplasmosis, Congenital eICR form for the patient's child, click **Initiate** on the pop-up.



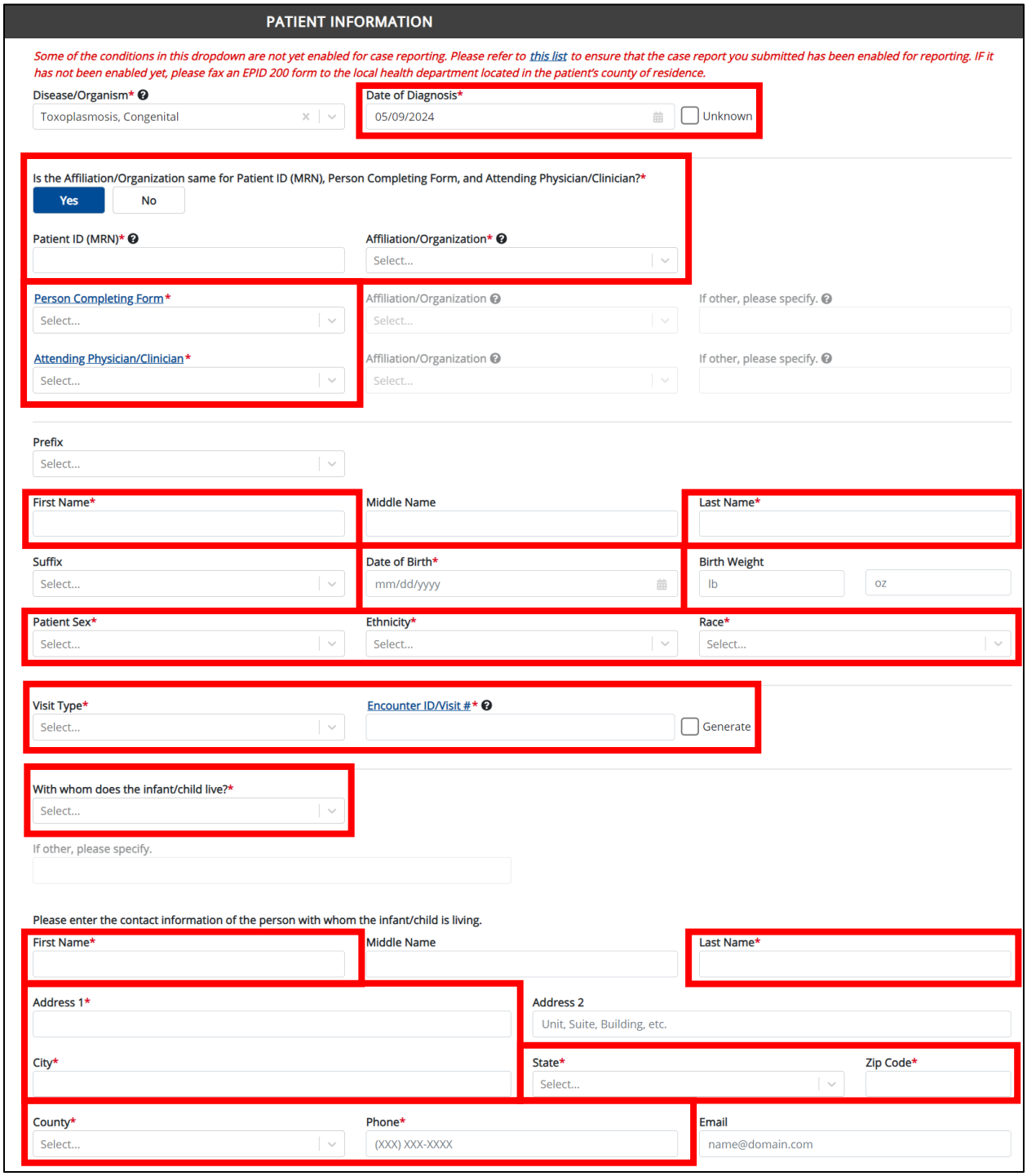
Please Note: Upon clicking **Initiate** on the *Case Report Entry* pop-up, you are automatically navigated to the Patient Information screen of the Other Reportable Conditions Case Report with **Toxoplasmosis, Congenital** preselected for the *Disease/Organism* field.

11 Toxoplasmosis, Congenital Patient Information

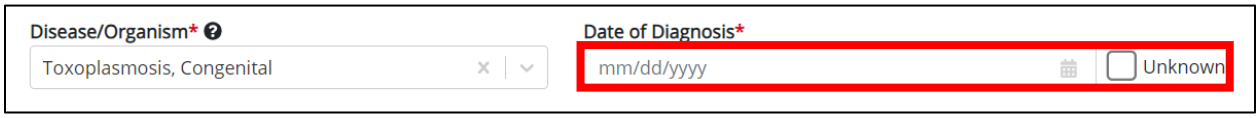
1. Upon clicking **Initiate** on the *Case Report Entry* pop-up after submitting the Toxoplasmosis (*Toxoplasma gondii*) Case Report, you are automatically navigated to the **Patient Information** screen of the Other Reportable Conditions Case Report with **Toxoplasmosis, Congenital** preselected for the *Disease/Organism* field.
2. The **Patient Information** screen of the Toxoplasmosis, Congenital Case Report displays additional fields about the patient's mother.



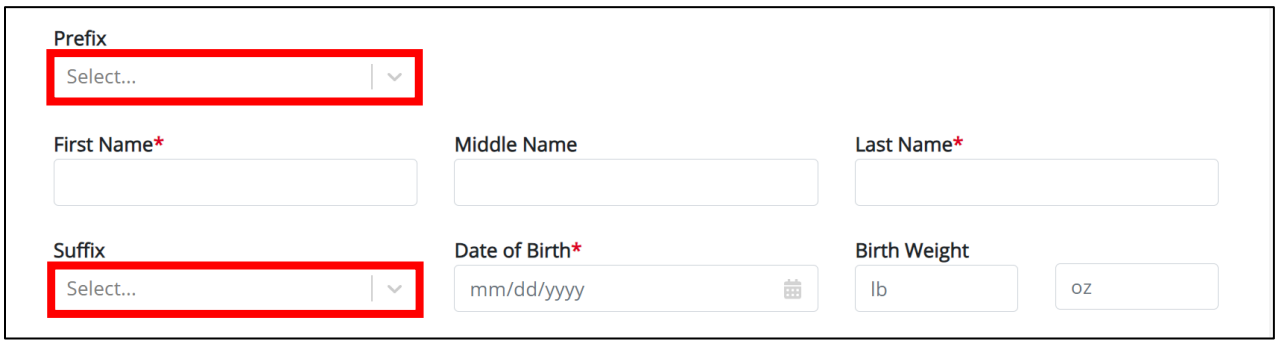
3. You must complete the mandatory fields on the **Patient Information** screen.



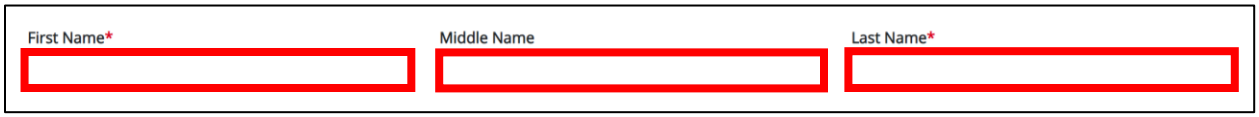
4. Enter the **Date of Diagnosis**. If the Date of Diagnosis is unknown, click the ***Unknown*** checkbox.



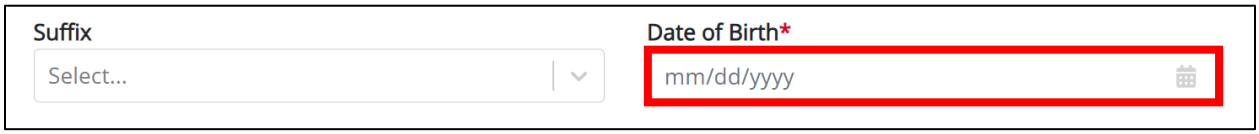
5. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.



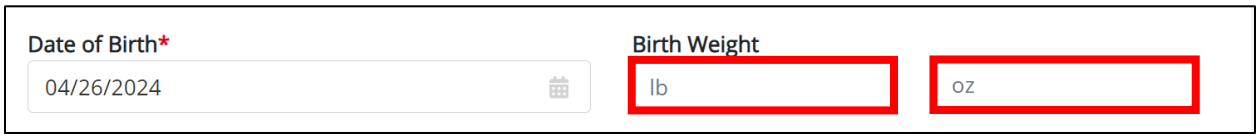
6. Enter the patient's **First Name** and **Last Name**.
7. If available, enter the patient's **Middle Name**.



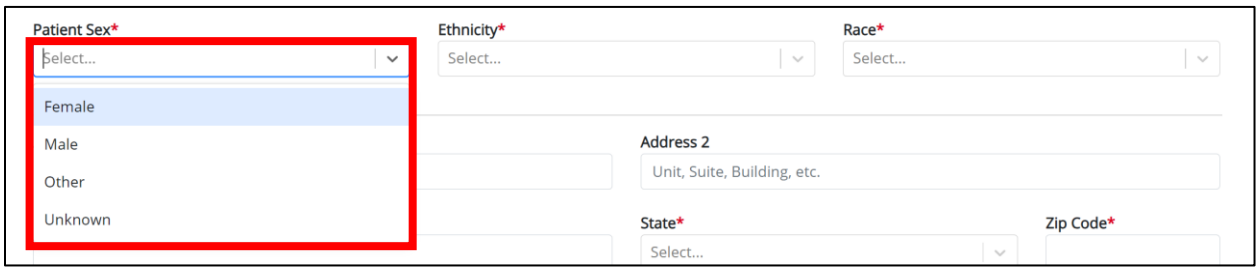
8. Enter the patient's **Date of Birth**.



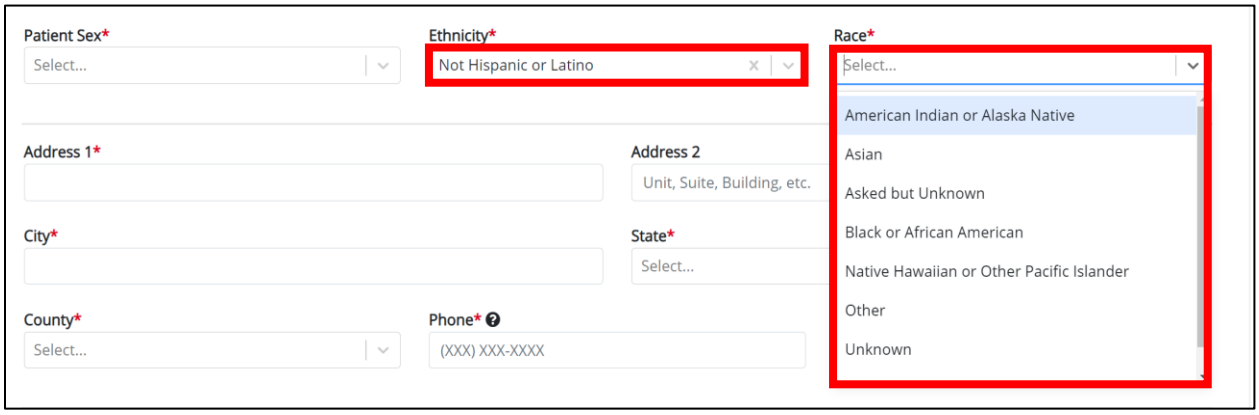
9. If available, enter the patient's **Birth Weight** in the *lb* and *oz* textbox fields.



10. Select the **Patient Sex** from the dropdown menu.



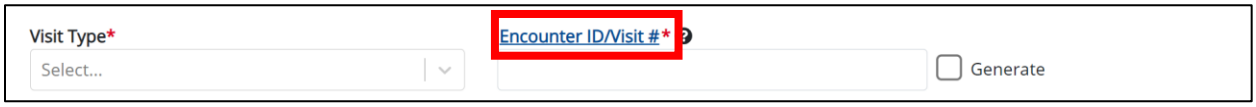
11. Select the patient's **Ethnicity** and **Race** from the appropriate dropdown menus.



12. 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.



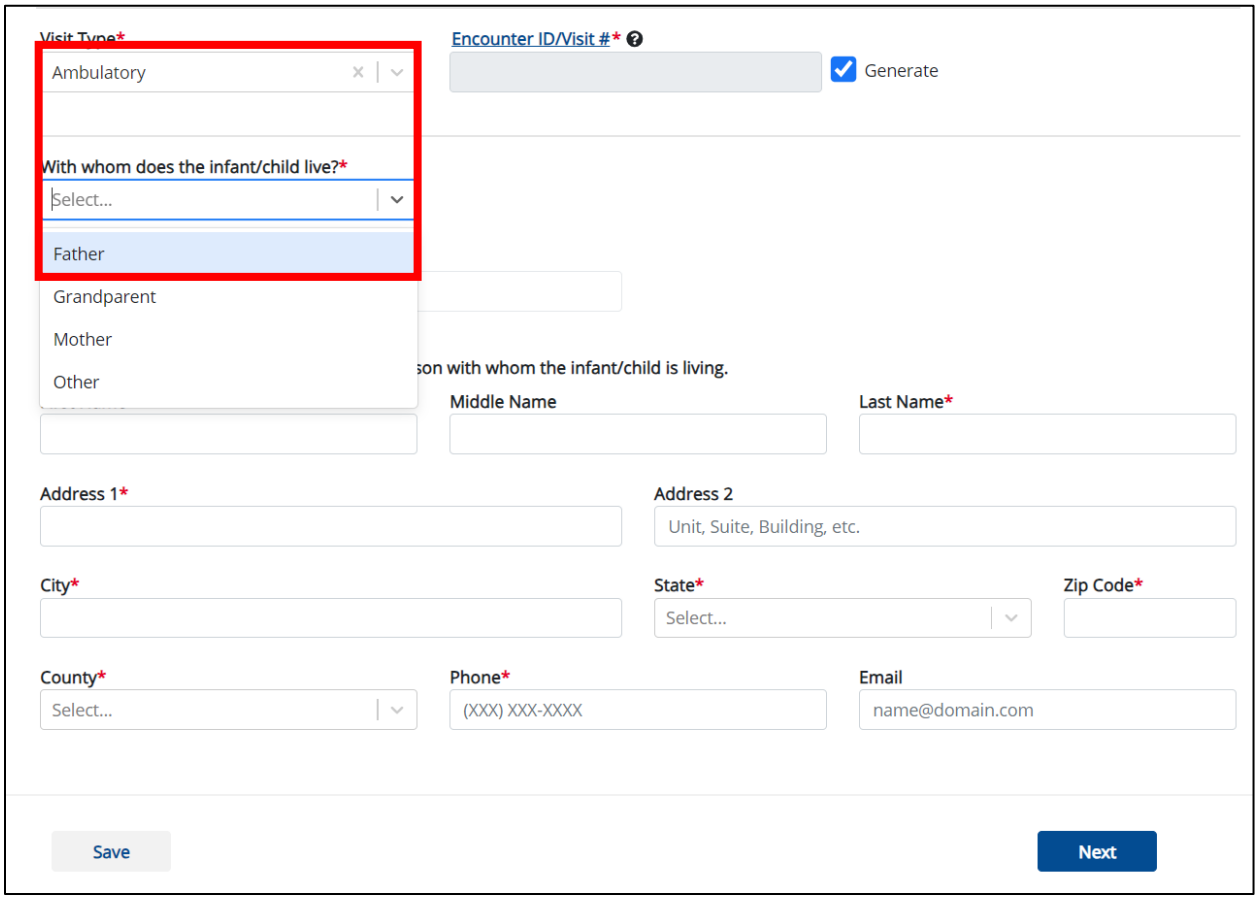
- The ***Generate*** checkbox triggers the system to generate a **unique 20-digit Encounter ID/Visit #** if the Encounter ID/Visit # is unknown.

- 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.

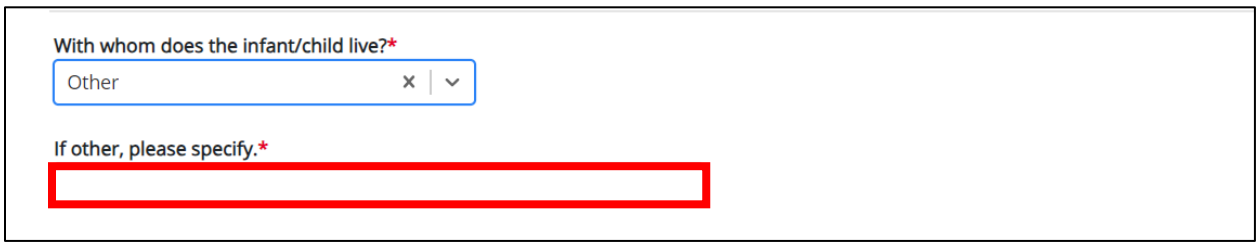
Contact Information of the Person With Whom the Patient Lives

The Toxoplasmosis, Congenital Syndrome Case Report captures details of the person with whom the patient lives.

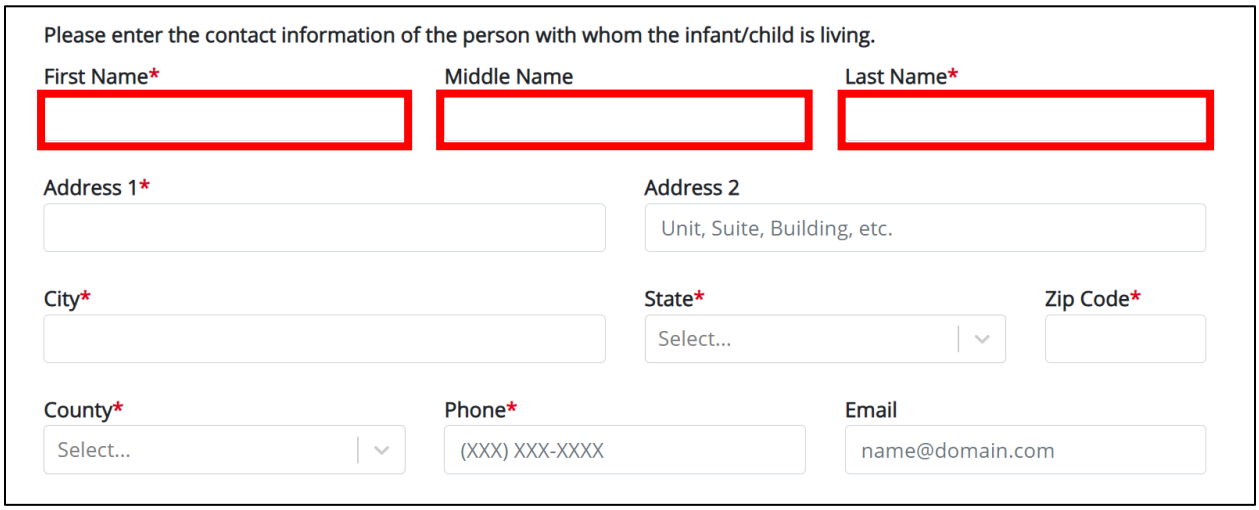
13. Select the **appropriate answer** from the dropdown menu for the field: *With whom does the infant/child live?*



14. When ***Other*** is selected from the dropdown menu, enter the **appropriate answer** in the text box: *If Other, please specify.*

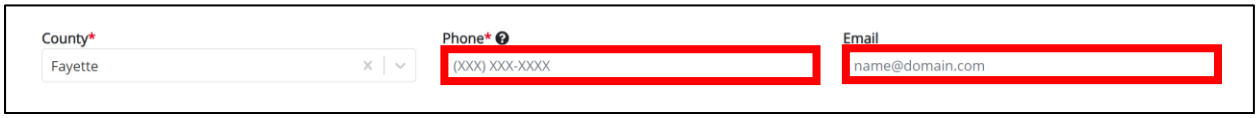


15. Enter the **First Name** and **Last Name** of the person with whom the patient lives.
16. If available, enter the **Middle Name** of the person with whom the patient lives.

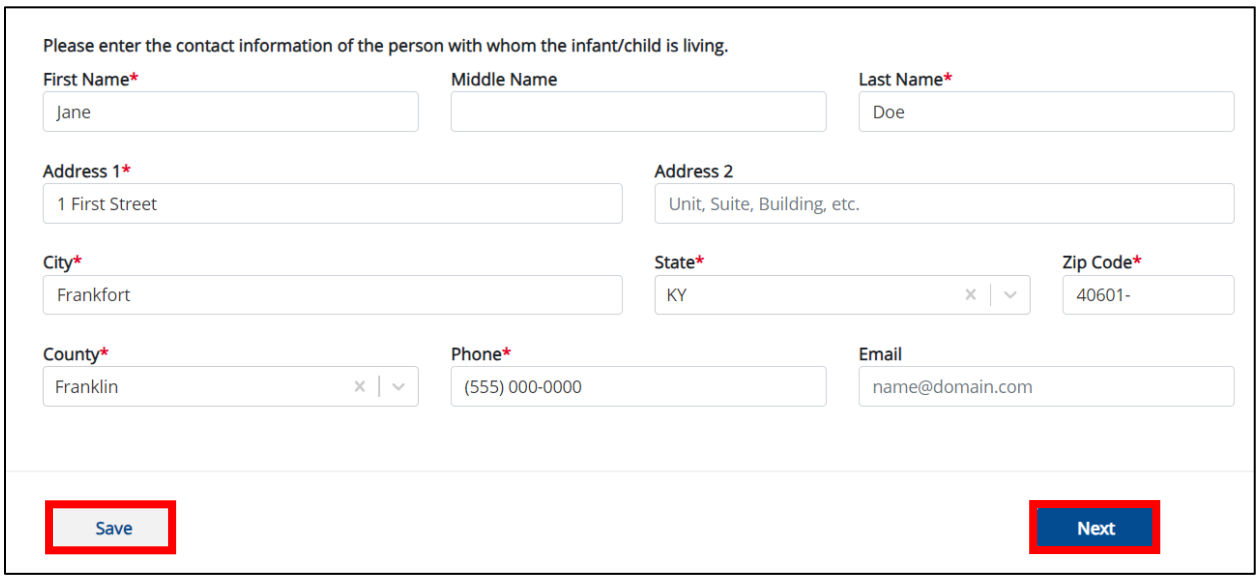


17. Enter the **Address**, **City**, **State**, **Zip Code**, and **County** of the person with whom the patient lives.

18. Enter the **Phone Number** of the person with whom the patient's lives.
19. If available, enter the **Email Address** of the person with whom the patient's lives.



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

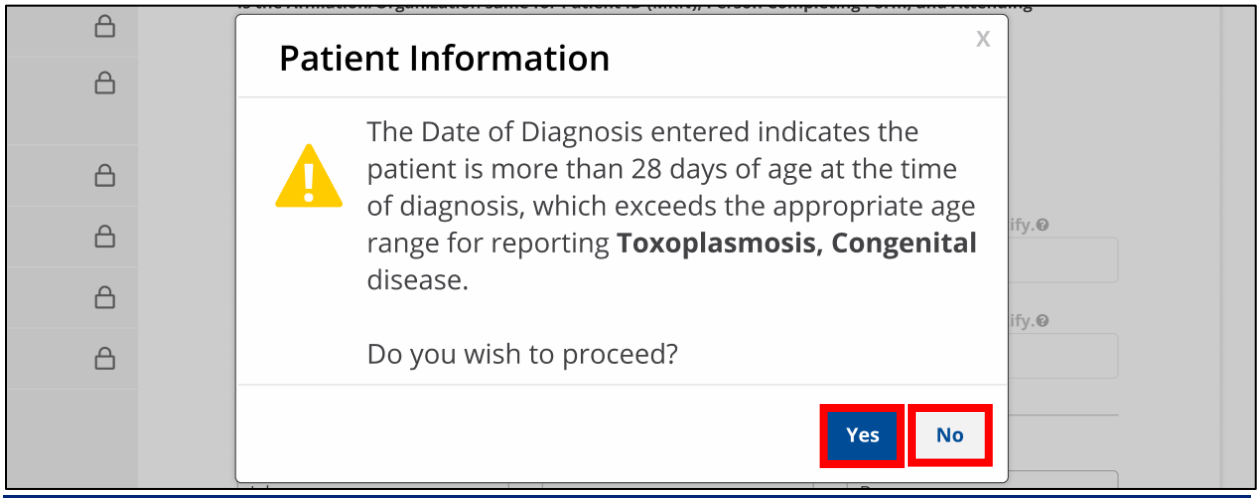


21. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following message when the Date of Birth entered indicates the patient is older than 28 days of age.

- *The Date of Diagnosis entered indicates the patient is more than 28 days of age at the time of diagnosis, which exceeds the appropriate age range for reporting **Toxoplasmosis, Congenital** disease. Do you wish to proceed?*

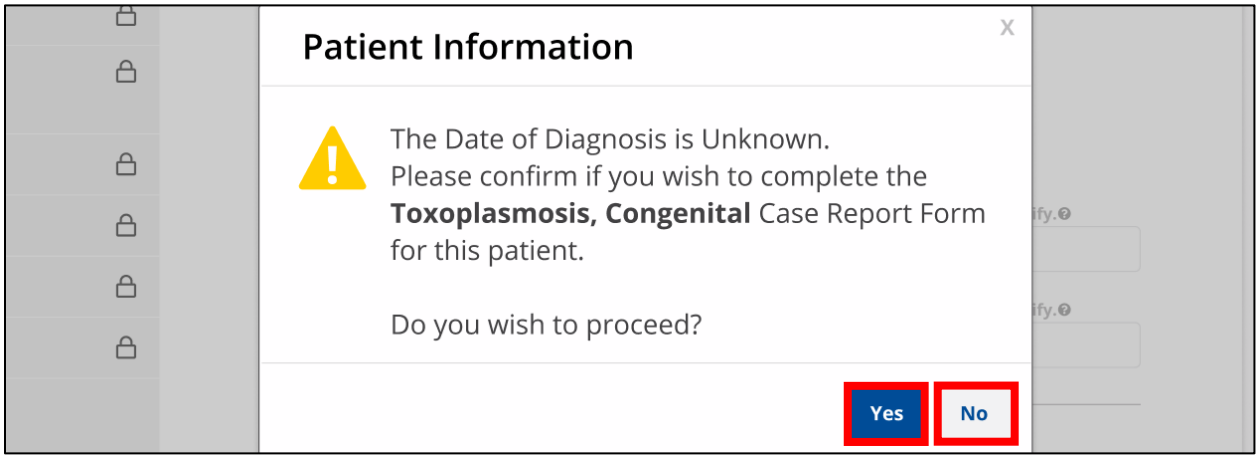
22. To update the Date of Diagnosis, click ***No*** to close the *Patient Information* pop-up and enter the **appropriate Date of Diagnosis** to indicate that the patient is 28 days of age or younger.

23. If the Date of Diagnosis is accurate, click ***Yes*** to close the *Patient Information* pop-up and proceed to the **Laboratory Information** screen.



24. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following message when the DOB entered is unknown.

- *The Date of Diagnosis is Unknown. Please confirm if you wish to complete the **Toxoplasmosis, Congenital** Case Report Form for this patient. Do you wish to proceed?*



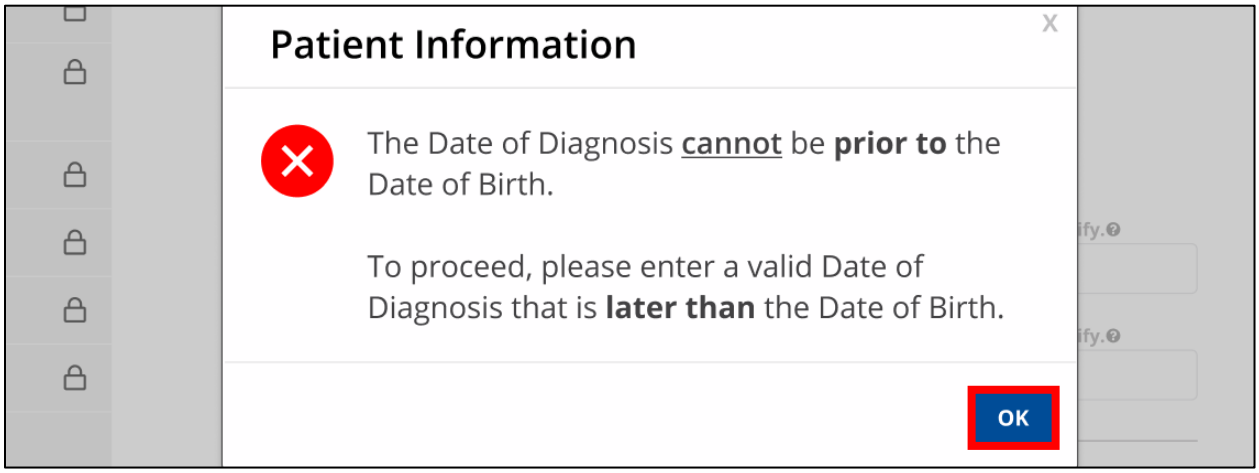
25. To update the Date of Diagnosis, click ***No*** to close the *Patient Information* pop-up and enter the **appropriate Date of Diagnosis**.

26. If the Date of Diagnosis is not known, click ***Yes*** to close the *Patient Information* pop-up and proceed to the **Laboratory Information** screen.

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

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

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



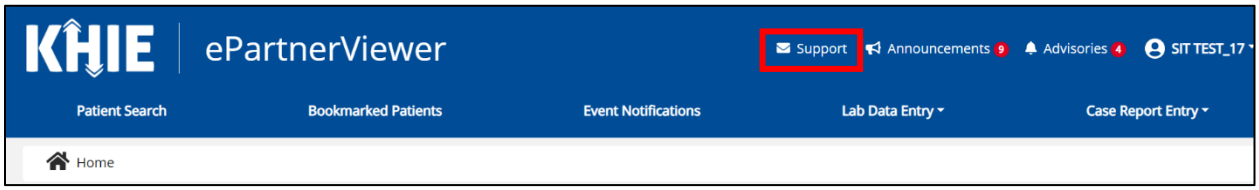
Please Note: From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the ***Direct Data Entry for Case Reports: Other Reportable Conditions User Guide*** for more information.

12 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.