

Kentucky Health Information Exchange (KHIE)

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

Quick Reference Guide

May 2024

Copyright Notice

© 2024 Deloitte. All rights reserved.

Trademarks

"Deloitte," the Deloitte logo, and certain product names that appear in this document (collectively, the "Deloitte Marks"), are trademarks or registered trademarks of entities within the Deloitte Network. The "Deloitte Network" refers to Deloitte Touche Tohmatsu Limited (DTTL), the member firms of DTTL, and their related entities. Except as expressly authorized in writing by the relevant trademark owner, you shall not use any Deloitte Marks either alone or in combination with other words or design elements, including, in any press release, advertisement, or other promotional or marketing material or media, whether in written, oral, electronic, visual, or any other form. Other product names mentioned in this document may be trademarks or registered trademarks of other parties. References to other parties' trademarks in this document are for identification purposes only and do not indicate that such parties have approved this document or any of its contents. This document does not grant you any right to use the trademarks of other parties.

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.

Deloitte

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee ("DTTL"), its network of member firms, and their related entities. DTTL and each of its member firms are legally separate and independent entities. DTTL (also referred to as "Deloitte Global") does not provide services to clients. In the United States, Deloitte refers to one or more of the US member firms of DTTL, their related entities that operate using the "Deloitte" name in the United States and their respective affiliates. Certain services may not be available to attest clients under the rules and regulations of public accounting. Please see www.deloitte.com/about to learn more about our global network of member firms.

Document Control Information

Document Information

Document Name	Other Reportable Conditions Case Report: Toxoplasmosis (<i>Toxoplasma gondii</i>) & Toxoplasmosis, Congenital Quick Reference Guide
Project Name	KHIE
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	1.0
Document Status	Initial Draft
Date Released	05/21/2024

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
0.1	05/14/2024	Initial Draft	Deloitte Consulting
1.0	05/23/2023	Final Draft per KHIE Review	KHIE/Deloitte Consulting

Table of Contents

- 1 Introduction4**
 - Overview 4
 - Supported Web Browsers 4
 - Mobile Device Considerations 5
 - Accessing the ePartnerViewer 5
- 2 Toxoplasmosis (*Toxoplasma gondii*) Patient Information6**
- 3 Toxoplasmosis (*Toxoplasma gondii*) Laboratory Information..... 15**
- 4 Toxoplasmosis (*Toxoplasma gondii*) Applicable Symptoms..... 17**
- 5 Toxoplasmosis (*Toxoplasma gondii*) Additional Information20**
- 6 Toxoplasmosis (*Toxoplasma gondii*) Hospitalization, ICU, & Death Information21**
- 7 Toxoplasmosis (*Toxoplasma gondii*) Vaccination History24**
- 8 Toxoplasmosis (*Toxoplasma gondii*) Treatment Information.....24**
- 9 Toxoplasmosis (*Toxoplasma gondii*) Additional Comments25**
- 10 Toxoplasmosis (*Toxoplasma gondii*) Review and Submit.....25**
- 11 Toxoplasmosis, Congenital Patient Information.....28**
 - Contact Information of the Person With Whom the Patient Lives..... 32
- 12 Technical Support.....36**
 - Toll-Free Telephone Support36
 - Email Support.....36

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

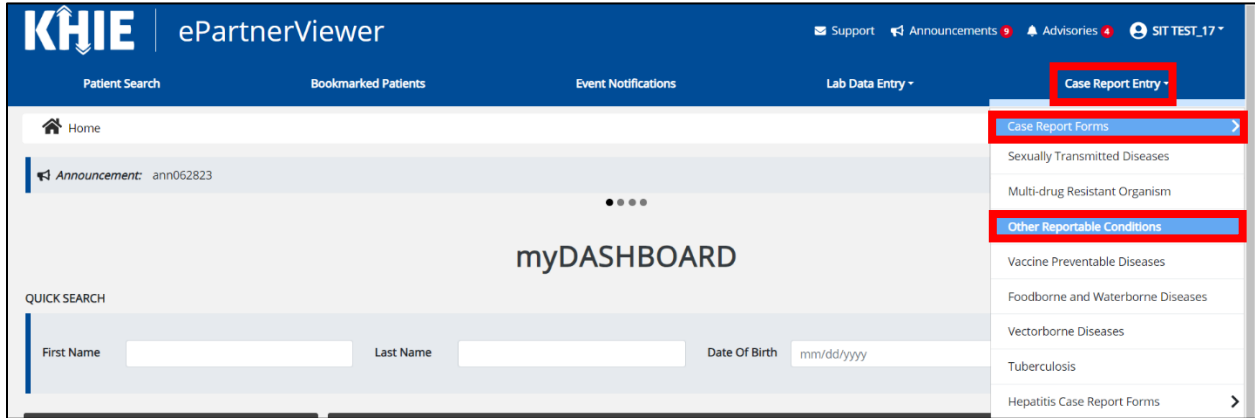
To access the ePartnerViewer, Users must meet the following specifications:

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).

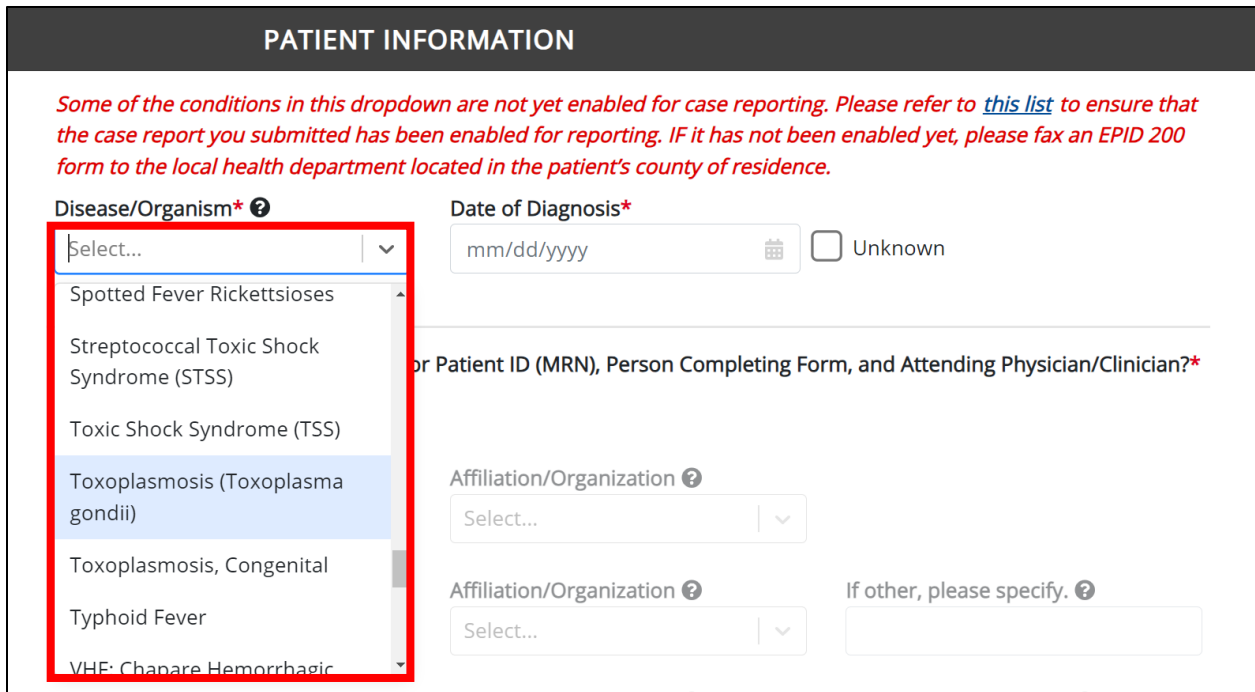
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

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.

PATIENT INFORMATION

Some of the conditions in this dropdown are not yet enabled for case reporting. Please refer to [this list](#) to ensure that the case report you submitted has been enabled for reporting. If it has not been enabled yet, please fax an EPID 200 form to the local health department located in the patient's county of residence.

Disease/Organism* Date of Diagnosis* Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?* Yes No

Patient ID (MRN) Affiliation/Organization

Person Completing Form Affiliation/Organization If other, please specify:

Attending Physician/Clinician Affiliation/Organization If other, please specify:

Prefix

First Name* Middle Name Last Name*

Suffix Date of Birth*

Patient Sex* Ethnicity* Race*

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

PATIENT INFORMATION

Some of the conditions in this dropdown are not yet enabled for case reporting. Please refer to [this list](#) to ensure that the case report you submitted has been enabled for reporting. If it has not been enabled yet, please fax an EPID 200 form to the local health department located in the patient's county of residence.

Disease/Organism* Date of Diagnosis* Unknown

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?*

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?* Yes No

Patient ID (MRN) Affiliation/Organization

Person Completing Form Affiliation/Organization If other, please specify:

Attending Physician/Clinician Affiliation/Organization If other, please specify:

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? *

Patient ID (MRN)* ? <input type="text"/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	
Person Completing Form* <input type="text" value="Select..."/>	Affiliation/Organization ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>
Attending Physician/Clinician* <input type="text" value="Select..."/>	Affiliation/Organization ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? *

Patient ID (MRN)* ? <input type="text"/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	
Person Completing Form* <input type="text" value="Select..."/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>
Attending Physician/Clinician* <input type="text" value="Select..."/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>

- 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.

Patient ID (MRN)* ? <input type="text"/>	Affiliation/Organization* ? <input type="text" value="Select..."/>
--	--

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

The screenshot shows a form with several fields. The 'Patient ID (MRN)*' field contains 'EB19039283'. Below it are 'Person Completing Form*', 'Attending Physician/Clinician*', and 'Prefix' fields, all with 'Select...' dropdown menus. To the right, the 'Affiliation/Organization*' dropdown menu is open and highlighted with a red border. The menu lists several options: Eugene Hospital, Evergreen General Hospital, Green Hosp, Heartland Clinic, Hilton Hospital, Howell Hospital, and Knight Hospital. To the right of the dropdown are two 'If other, please specify:' fields.

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**.

The screenshot shows a form with two rows. The first row has a 'Person Completing Form*' dropdown menu highlighted with a red border, showing 'Jane Doe (jane@mailinator.com)'. The second row has a 'Person Completing Form*' dropdown menu showing 'Mr. Marty Craine, Sr (marty@email.com)'. To the right of each dropdown is an 'Affiliation/Organization' field with a dropdown menu showing 'Evergreen General Hospital' and a 'If other, please specify:' field.

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

The screenshot shows a form with several fields. The 'Person Completing Form*' field contains 'Mr. Arthur Vandelay, II (arthur@email.com)'. Below it are 'Attending Physician/Clinician*', 'Prefix', 'First Name*', and 'Suffix' fields. To the right, the 'Affiliation/Organization*' dropdown menu is open and highlighted with a red border. The menu lists several options: Eugene Hospital, Evergreen General Hospital, Green Hosp, Heartland Clinic, Hilton Hospital, Howell Hospital, and Justin Hospital. To the right of the dropdown are two 'If other, please specify:' fields and a 'Last Name*' field.

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.

A screenshot of a patient information form. The 'Patient Sex*' dropdown is highlighted in red. The 'Ethnicity*' dropdown is also highlighted in red and contains the text 'Not Hispanic or Latino'. The 'Race*' dropdown is highlighted in red and is open, showing a list of race categories: American Indian or Alaska Native, Asian, Asked but Unknown, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and Unknown.

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.**

A screenshot of a patient information form. The 'Address 1*' text box is highlighted in red. The 'Address 2' text box is highlighted in red and contains the text 'Unit, Suite, Building, etc.'. The 'City*' text box is highlighted in red. The 'State*' dropdown is highlighted in red. The 'Zip Code*' text box is highlighted in red. The 'County*' dropdown is highlighted in red. The 'Phone*' text box is highlighted in red and contains the text '(XXX) XXX-XXXX'. The 'Email' text box is highlighted in red and contains the text 'name@domain.com'.

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

A screenshot of a patient information form. The 'Visit Type*' dropdown is highlighted in red and is open, showing a list of visit types: Ambulatory, Emergency, Field, Home Health, Inpatient Acute, Inpatient Encounter, and Inpatient Non-Acute. The 'Encounter ID/Visit #*' text box is highlighted in red and is empty. There is a 'Generate' checkbox next to it.

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

A screenshot of a patient information form. The 'Visit Type*' dropdown is highlighted in red and contains the text 'Ambulatory'. The 'Encounter ID/Visit #*' text box is highlighted in red and is empty. There is a 'Generate' checkbox next to it.

- 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.

A screenshot of a form showing a dropdown menu for 'Visit Type*' with 'Select...' and a 'Generate' checkbox. The label 'Encounter ID/Visit #' is highlighted with a red box.

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

A screenshot of the same form as above, but the 'Generate' checkbox is highlighted with a red box.

- 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.

A screenshot of the form where the 'Visit Type*' dropdown is set to 'Emergency' and the 'Encounter ID/Visit #' field is grayed out. The 'Generate' checkbox is checked and highlighted with a red box.

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

A screenshot of a form titled 'Is the patient currently pregnant?*' with three radio button options: 'Yes', 'No', and 'Unknown'. The 'Yes' option is highlighted with a red box. Below it is a date input field 'If yes, please enter the due date (EDC).*' and an 'Unknown' checkbox.

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.

A screenshot of the form where the 'Yes' radio button is selected. The date input field 'If yes, please enter the due date (EDC).*' is highlighted with a red box.

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).*

Is the patient currently pregnant?*

If yes, please enter the due date (EDC). ?

Unknown

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

Did the patient recently give birth?*

Did the patient have a miscarriage, stillbirth, or livebirth?

Select... | v

What was the gestational age of the fetus at the time of delivery? Please enter the age in weeks and days.

Weeks ? Days ?

of Weeks # of Days

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

Did the patient recently give birth?*

Did the patient have a miscarriage, stillbirth, or livebirth?*

Select... | v

What was the gestational age of the fetus at the time of delivery? Please enter the age in weeks and days.

Weeks* ? Days* ?

of Weeks # of Days

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

Did the patient recently give birth?*

Did the patient have a miscarriage, stillbirth, or livebirth?*

Select... | v

- Livebirth
- Miscarriage
- Stillbirth

...ne of delivery? Please enter the age in weeks and days.

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.*

Did the patient recently give birth?*

Did the patient have a miscarriage, stillbirth, or livebirth?*

What was the gestational age of the fetus at the time of delivery? Please enter the age in weeks and days.

Weeks* 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.

Did the patient recently give birth?*

Did the patient have a miscarriage, stillbirth, or livebirth?*

What was the gestational age of the fetus at the time of delivery? Please enter the age in weeks and days.

Weeks* Days*

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?*

Please provide laboratory information related to this case.

LABORATORY INFORMATION

Patient Information

Laboratory Information

Does the patient have a lab test?*

Yes No Unknown

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

LABORATORY INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU, & Death Information

Vaccination History

Treatment Information

Additional Comments

Review & Submit

Does the patient have a lab test?*

Yes No Unknown

Laboratory Information

Laboratory Name*

Test Name*

Select...

If other, please specify. ?

Filler Order/Accession Number ?

Specimen Source*

Select...

If other, please specify. ?

Test Result*

Select...

If other, please specify. ?

Test Result Date

mm/dd/yyyy Unknown

Specimen Collection Date*

mm/dd/yyyy Unknown

Additional Information ?

0/300 Characters

+ Add Test

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

The screenshot shows a web-based form titled "Laboratory Information". On the left is a sidebar with menu items: "Applicable Symptoms", "Additional Information", "Hospitalization, ICU, & Death Information", "Vaccination History", "Treatment Information", "Additional Comments", and "Review & Submit". The main form area contains the following fields:

- Laboratory Name***: Text input with "Test Lab".
- Test Name***: Dropdown menu with "Toxoplasma gondii Ag [Presence] in Tissue by Immune stain".
- Filler Order/Accession Number**: Text input with "110110101".
- Specimen Source***: Dropdown menu with "Abscess".
- Test Result***: Dropdown menu with "Pending".
- Test Result Date**: Date input with "mm/dd/yyyy" and an "Unknown" checkbox.
- Specimen Collection Date***: Date input with "04/30/2024" and an "Unknown" checkbox.
- Additional Information**: Large text area with "0/300 Characters" and an "Add Test" button.

At the bottom of the form are three buttons: "Save", "Previous", and "Next". The "Next" button is highlighted with a red border.

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

Fever*

If yes, please enter the highest temperature. ?

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

Fever*

If yes, please enter the highest temperature.* ?

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

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

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

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

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

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:

Blurry vision*	Yes	No	Unknown	Myocarditis*	Yes	No	Unknown
Confusion*	Yes	No	Unknown	Non specific flu-like illness*	Yes	No	Unknown
Eye pain (typically behind the eye)*	Yes	No	Unknown	Pneumonia*	Yes	No	Unknown
Headache*	Yes	No	Unknown	Seizures*	Yes	No	Unknown
Impaired cognition*	Yes	No	Unknown	Sensitivity to light*	Yes	No	Unknown
Lymphadenopathy*	Yes	No	Unknown	Vision loss*	Yes	No	Unknown
Lymphocytosis*	Yes	No	Unknown				

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

Did the patient have any other symptoms?*

Yes No Unknown

If yes, please specify. ?

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

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

Did the patient have any other symptoms?*

Yes No Unknown

If yes, please specify.* ?

Other symptoms

Save Previous Next

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?*

ADDITIONAL INFORMATION

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.

ADDITIONAL INFORMATION

Patient Information
Laboratory Information
Applicable Symptoms
Additional Information
Hospitalization, ICU, & Death Information
Vaccination History
Treatment Information
Additional Comments
Review & Submit

Does any of the following apply to the patient?*

Domestic travel within the last 30 days (outside state of normal residence)*

If yes, please specify state(s). ?

Select...

International travel within the last 30 days*

If yes, please specify country(s). ?

Select...

School/daycare attendee*

If yes, please specify the name of school/daycare. ?

School/daycare employee*

If yes, please specify the name of school/daycare. ?

Food handler*

If yes, please specify the name of food handler service. ?

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

Is this part of an outbreak?*

If yes, please specify the name of the outbreak. ?

Save Previous

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?*

The screenshot shows the 'HOSPITALIZATION, ICU, & DEATH INFORMATION' form. The left sidebar contains navigation tabs: Patient Information, Laboratory Information, Applicable Symptoms, Additional Information, Hospitalization, ICU, & Death Information (selected), Vaccination History, Treatment Information, Additional Comments, and Review & Submit. The main content area features a conditional question: 'Was the patient hospitalized?*' with three radio button options: 'Yes', 'No', and 'Unknown'. This question and its options are highlighted with a red box. Below the question, there are fields for 'Admission Date' and 'Discharge Date', both with 'Unknown' checkboxes. A 'Still hospitalized' checkbox is also present. Further down, there is another conditional question: 'Was the patient admitted to an intensive care unit (ICU)?*' with 'Yes', 'No', and 'Unknown' options. Below this are fields for 'Admission Date to ICU' and 'Discharge Date from ICU', each with an 'Unknown' checkbox. At the bottom, there is a question: 'Did the patient die as a result of this illness?*' with 'Yes' and 'No' options, followed by a 'Date of Death' field with an 'Unknown' checkbox.

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.

This screenshot shows the same form as above, but with the 'Yes' radio button selected for the 'Was the patient hospitalized?*' question. The subsequent fields are now enabled and highlighted with a red box. These include the 'If yes, please specify the hospital name.*' text field, the 'Admission Date*' and 'Discharge Date*' date pickers (each with an 'Unknown' checkbox), the 'Still hospitalized' checkbox, the 'Was the patient admitted to an intensive care unit (ICU)?*' question with its options, the 'Admission Date to ICU' and 'Discharge Date from ICU' date pickers (each with an 'Unknown' checkbox), and the 'Did the patient die as a result of this illness?*' question with its options and the 'Date of Death' field (with an 'Unknown' checkbox).

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?*

Admission Date* Unknown

Discharge Date* Unknown

Still hospitalized

Was the patient admitted to an intensive care unit (ICU)?*

Admission Date to ICU Unknown

Discharge Date from ICU Unknown

Did the patient die as a result of this illness?

If yes, please provide the date of death.

Date of Death

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.

There are errors. Please make a selection for all required fields.

Hospitalization, ICU & Death Information

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

Admission Date* Unknown
Invalid Admission Date

Discharge Date* Unknown
 Still hospitalized
Invalid Discharge Date

Hospitalization, ICU & Death Information

Admission Date* Unknown
Invalid Admission Date

Discharge Date* Unknown
 Still hospitalized
Invalid Discharge Date

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

Did the patient die as a result of this illness?*

If yes, please provide the date of death.

Date of Death

mm/dd/yyyy

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

Did the patient die as a result of this illness?*

If yes, please provide the date of death.

Date of Death*

mm/dd/yyyy

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

Did the patient die as a result of this illness?*

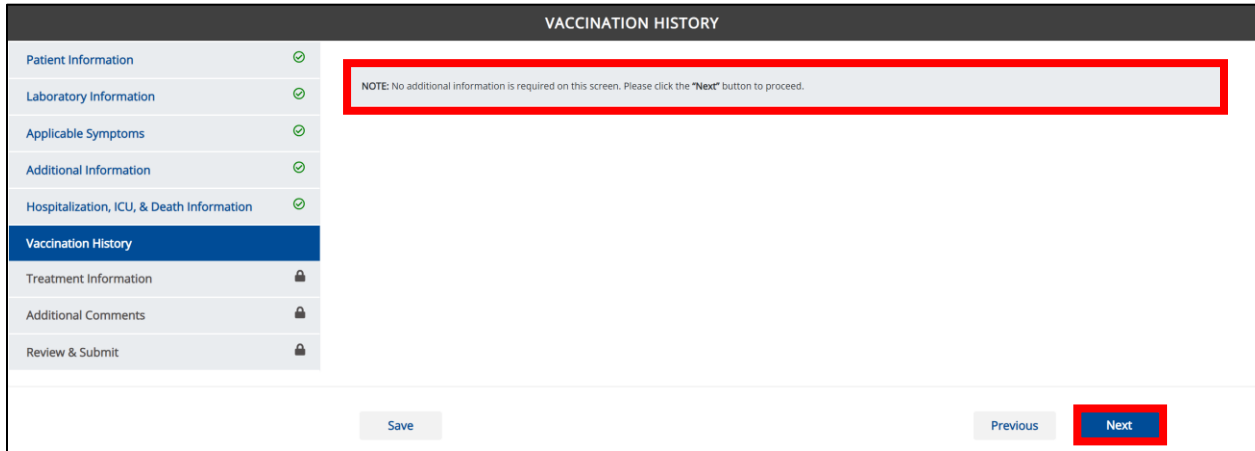
If yes, please provide the date of death.

Date of Death

mm/dd/yyyy

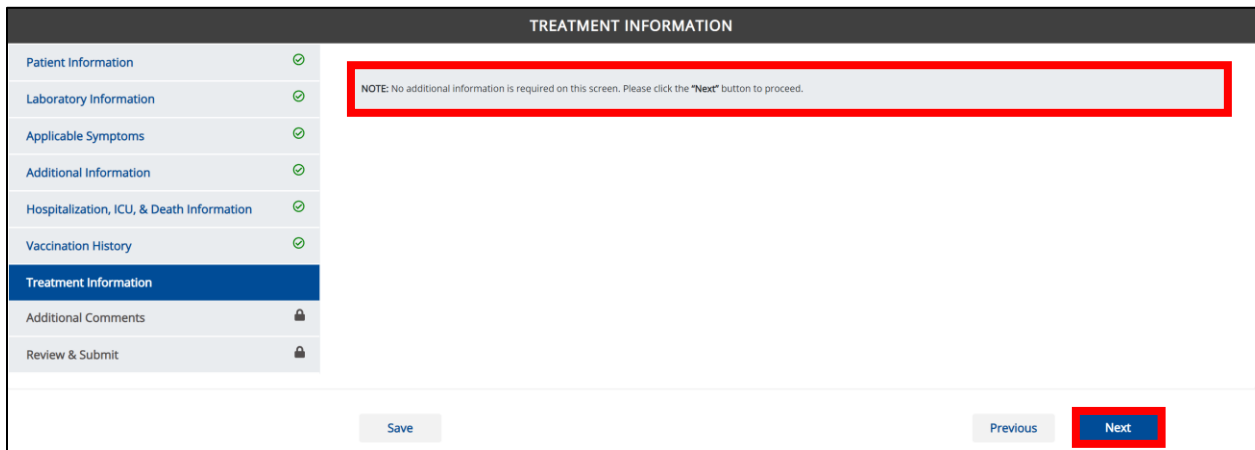
7 Toxoplasmosis (*Toxoplasma gondii*) Vaccination History

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.

ADDITIONAL COMMENTS

Please include additional comments or notes, if applicable.

0/1000 Characters

Save Previous **Next**

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.

REVIEW & SUBMIT

Print Download

Patient Information

Disease/Organism	Date of Diagnosis	
Toxoplasmosis (<i>Toxoplasma gondii</i>)	2024/05/08	
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? Yes		
Patient ID (MRN)	Affiliation/Organization	
tp12334	Atrium Health	
Person Completing Form	Affiliation/Organization	
Dr. Niles Crane (niles@mailinator.com)	Atrium Health	
Attending Physician/Clinician	Affiliation/Organization	
Dr. Frank Costanza, Sr (frank@email.com)	Atrium Health	
First Name	Last Name	
Jane	Doe	
Date of Birth		
1999/12/12		
Patient Sex	Ethnicity	Race
Female	Not Hispanic or Latino	Asian
Address 1		
123 Main Street		
City	State	Zip Code
Lexington	KY	40501
County	Phone	
Fayette	(555) 555-5555	
Visit Type	Encounter ID/Visit #	

- 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.

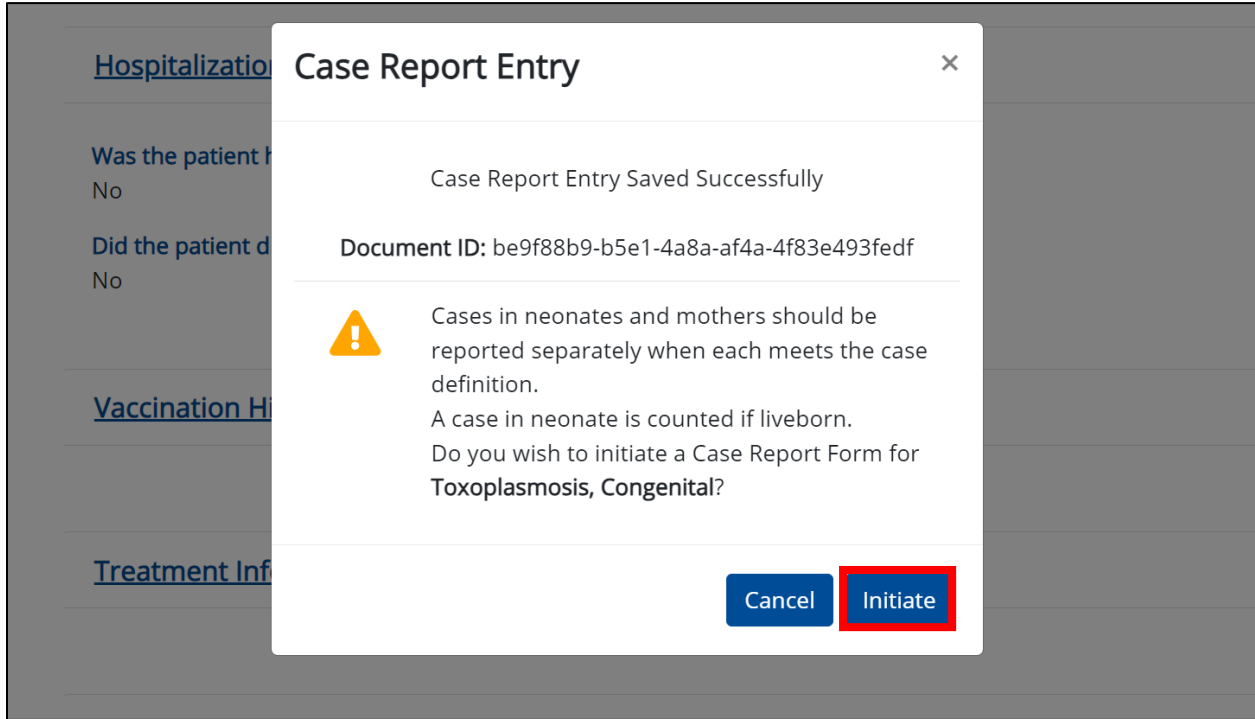
- All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.

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.

PATIENT INFORMATION

Some of the conditions in this dropdown are not yet enabled for case reporting. Please refer to [this list](#) to ensure that the case report you submitted has been enabled for reporting. If it has not been enabled yet, please fax an EPID 200 form to the local health department located in the patient's county of residence.

Disease/Organism* ⓘ
Toxoplasmosis, Congenital x ▼

Date of Diagnosis*
05/09/2024 📅 Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)* ⓘ

Affiliation/Organization* ⓘ

Person Completing Form* ⓘ

Affiliation/Organization ⓘ **If other, please specify.** ⓘ

Attending Physician/Clinician* ⓘ

Affiliation/Organization ⓘ **If other, please specify.** ⓘ

Prefix

First Name*

Middle Name

Last Name*

Suffix

Date of Birth* 📅

Birth Weight

Patient Sex*

Ethnicity*

Race*

Visit Type*

Encounter ID/Visit #* ⓘ Generate

With whom does the infant/child live?*

If other, please specify.

Please enter the contact information of the person with whom the infant/child is living.

First Name*

Middle Name

Last Name*

Address 1*

Address 2

City*

State*

Zip Code*

County*

Phone*

Email

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

PATIENT INFORMATION

Some of the conditions in this dropdown are not yet enabled for case reporting. Please refer to [this list](#) to ensure that the case report you submitted has been enabled for reporting. If it has not been enabled yet, please fax an EPID 200 form to the local health department located in the patient's county of residence.

Disease/Organism* Date of Diagnosis* Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* Affiliation/Organization* If other, please specify.

Attending Physician/Clinician* Affiliation/Organization* If other, please specify.

Prefix

First Name* Middle Name Last Name*

Suffix Date of Birth* Birth Weight

Patient Sex* Ethnicity* Race*

Visit Type* Encounter ID/Visit #* Generate

With whom does the infant/child live?*

If other, please specify.

Please enter the contact information of the person with whom the infant/child is living.

First Name* Middle Name Last Name*

Address 1* Address 2

City* State* Zip Code*

County* Phone* Email

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

Disease/Organism* Toxoplasmosis, Congenital x | v

Date of Diagnosis* mm/dd/yyyy Unknown

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

Prefix Select... | v

First Name* Middle Name Last Name*

Suffix Select... | v Date of Birth* mm/dd/yyyy Birth Weight lb oz

6. Enter the patient's **First Name** and **Last Name**.

7. If available, enter the patient's **Middle Name**.

First Name* Middle Name Last Name*

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

Suffix Select... | v Date of Birth* mm/dd/yyyy

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

Date of Birth* 04/26/2024 Birth Weight lb oz

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

Patient Sex* Select... | v

Female
Male
Other
Unknown

Ethnicity* Select... | v Race* Select... | v

Address 2 Unit, Suite, Building, etc.

State* Select... | v Zip Code*

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

The screenshot shows a patient information form. The 'Ethnicity*' dropdown is set to 'Not Hispanic or Latino' and the 'Race*' dropdown is open, showing options: American Indian or Alaska Native, Asian, Asked but Unknown, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and Unknown. Both dropdowns are highlighted with a red border.

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

The screenshot shows the 'Visit Type*' dropdown menu open, with options: Ambulatory, Emergency, Field, Home Health, Inpatient Acute, Inpatient Encounter, and Inpatient Non-Acute. The dropdown is highlighted with a red border.

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

The screenshot shows the 'Encounter ID/Visit #' field highlighted with a red border. The 'Visit Type' dropdown is set to 'Ambulatory'.

- 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 screenshot shows the 'Encounter ID/Visit #' field with a red box around the text and a red arrow pointing to the right, indicating the hyperlink.

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

The screenshot shows the 'Generate' checkbox highlighted with a red border.

- 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.

A screenshot of a form section. On the left, there is a 'Visit Type*' dropdown menu with 'Emergency' selected. To the right, the 'Encounter ID/Visit #' field is grayed out and contains a question mark icon. A blue 'Generate' checkbox with a checkmark is checked and is highlighted by a red rectangular box.

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?*

A screenshot of a form titled 'Contact Information of the Person With Whom the Patient Lives'. The 'Visit Type*' dropdown is set to 'Ambulatory'. The 'Encounter ID/Visit #' field is grayed out, and the 'Generate' checkbox is checked. The 'With whom does the infant/child live?*' dropdown menu is open, showing options: 'Father' (highlighted), 'Grandparent', 'Mother', and 'Other'. Below this are fields for 'First Name', 'Middle Name', and 'Last Name*'. Further down are fields for 'Address 1*', 'Address 2' (with a placeholder 'Unit, Suite, Building, etc.'), 'City*', 'State*' (with a 'Select...' dropdown), and 'Zip Code*'. At the bottom are fields for 'County*' (with a 'Select...' dropdown), 'Phone*' (with a placeholder '(XXX) XXX-XXXX'), and 'Email' (with a placeholder 'name@domain.com'). At the bottom left is a 'Save' button, and at the bottom right is a 'Next' button.

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

With whom does the infant/child live?*

Other x | v

If other, please specify.*

[Redacted text box]

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.

Please enter the contact information of the person with whom the infant/child is living.

First Name* Middle Name Last Name*

[Redacted] [Redacted] [Redacted]

Address 1* Address 2

[Redacted] Unit, Suite, Building, etc.

City* State* Zip Code*

[Redacted] Select... | v [Redacted]

County* Phone* Email

Select... | v (XXX) XXX-XXXX name@domain.com

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

Address 1* Address 2

[Redacted] Unit, Suite, Building, etc.

City* State* Zip Code*

[Redacted] Select... | v [Redacted]

County* Phone* Email

[Redacted] Select... | v (XXX) XXX-XXXX name@domain.com

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.

County* Phone* Email

Fayette x | v (XXX) XXX-XXXX name@domain.com

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.

Please enter the contact information of the person with whom the infant/child is living.

First Name*	Middle Name	Last Name*
Jane		Doe
Address 1*	Address 2	
1 First Street	Unit, Suite, Building, etc.	
City*	State*	Zip Code*
Frankfort	KY	40601-
County*	Phone*	Email
Franklin	(555) 000-0000	name@domain.com

Save **Next**

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.

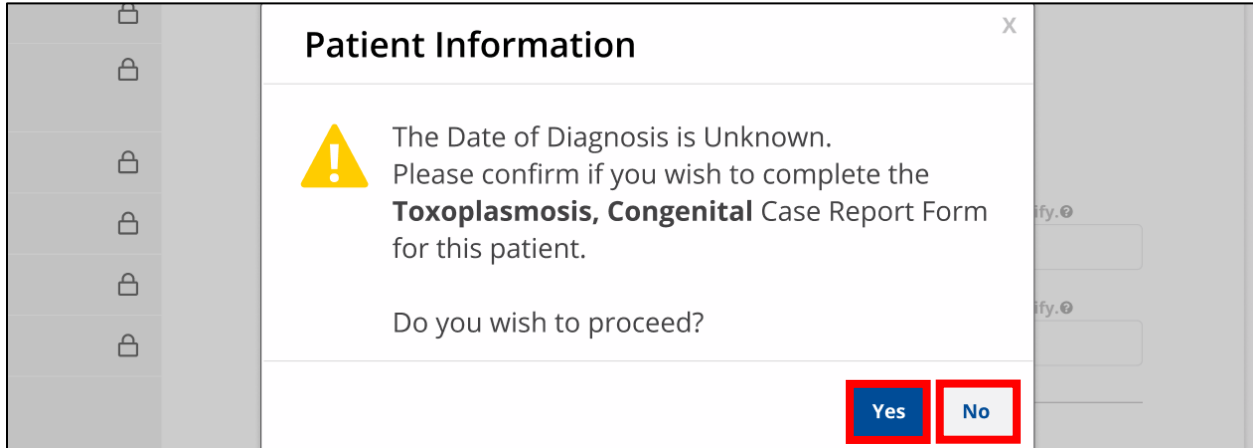
Patient Information

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.

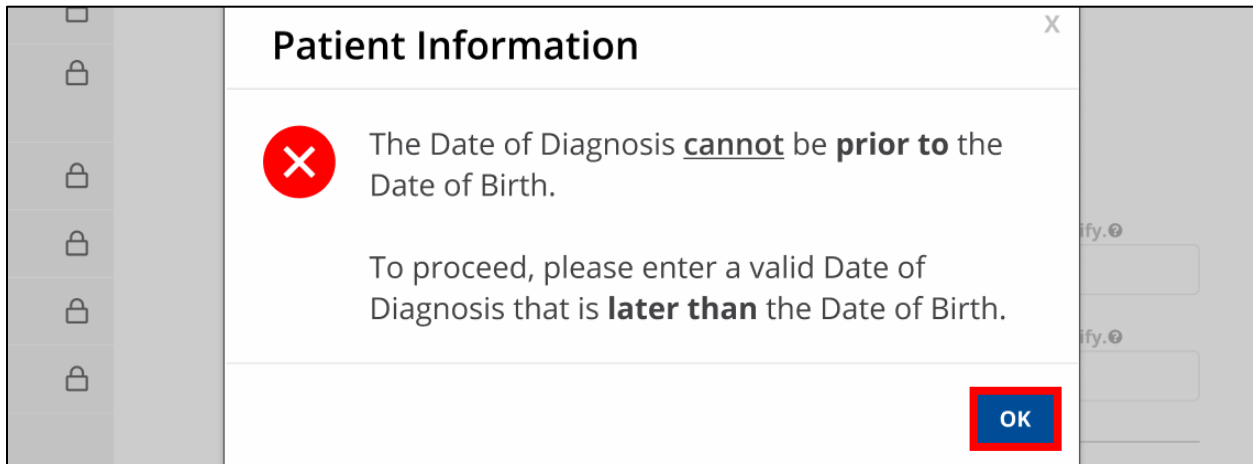
Do you wish to proceed?

Yes **No**

- 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.

