

Kentucky Health
Information Exchange
(KHIE)

**Foodborne and
Waterborne Diseases
Case Report:**

***Acanthamoeba* Disease
(excluding keratitis)**

Quick Reference Guide

June 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 | Foodborne and Waterborne Diseases Case Report: <i>Acanthamoeba</i> Disease (excluding keratitis) Quick Reference Guide |
| Project Name | KHIE |
| Client | Kentucky Cabinet for Health and Family Services |
| Document Author | Deloitte Consulting |
| Document Version | 0.2 |
| Document Status | Revised Draft |
| Date Released | 06/10/2024 |

Document Edit History

| Version | Date | Additions/Modifications | Prepared/Revised by |
|---------|------------|-------------------------------|--------------------------|
| 0.1 | 06/05/2024 | Initial Draft | Deloitte Consulting |
| 0.2 | 06/10/2024 | Revised Draft per KHIE Review | KHIE/Deloitte Consulting |
| | | | |

Table of Contents

| | |
|---------------------------------------|-----------|
| 1 Introduction | 4 |
| Overview | 4 |
| Supported Web Browsers | 4 |
| Mobile Device Considerations | 5 |
| Accessing the ePartnerViewer | 5 |
| 2 Patient Information | 6 |
| 3 Laboratory Information..... | 13 |
| 4 Applicable Symptoms..... | 14 |
| 5 Additional Information | 17 |
| 6 Technical Support..... | 23 |
| Toll-Free Telephone Support | 23 |
| Email Support..... | 23 |

1 Introduction

Overview

This training manual covers the unique functionalities for the *Acanthamoeba* Disease condition in the Foodborne and Waterborne Diseases eICR Form in the ePartnerViewer. The *Acanthamoeba* Disease condition contains unique exposure questions on the **Additional Information** screen. All other screens for *Acanthamoeba* Disease condition follow the generic workflow for the Foodborne and Waterborne Diseases Case Report. For specific information about the Foodborne and Waterborne Diseases Case Report, please review the [Direct Data Entry for Case Reports: Foodborne and Waterborne Diseases 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

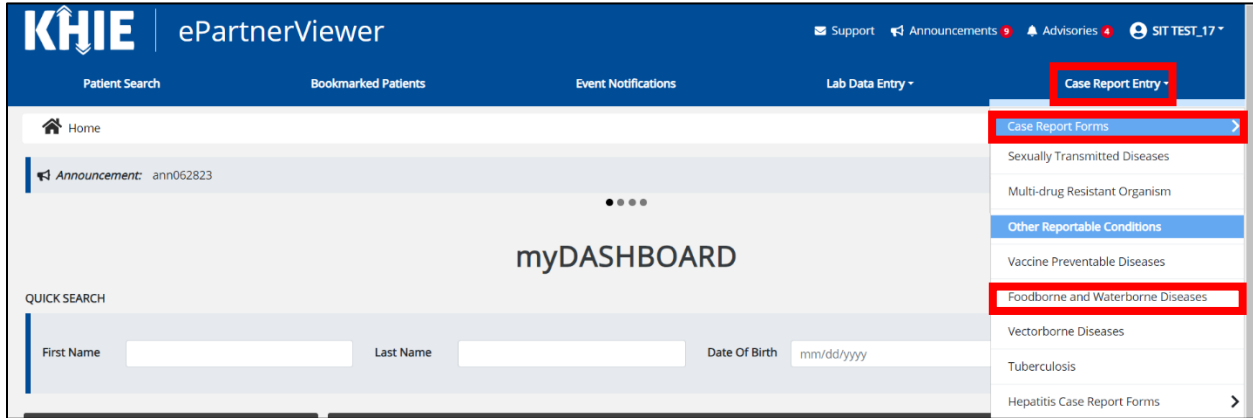
To access the ePartnerViewer, Users must meet the following specifications:

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).

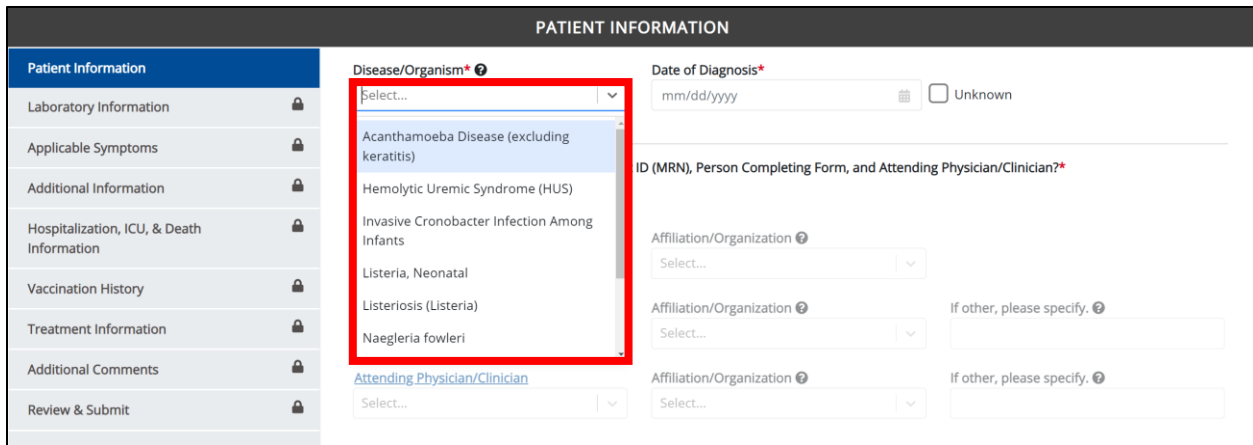
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

2 Patient Information

1. To enter Foodborne and Waterborne Diseases 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 **Foodborne and Waterborne Diseases** from the dropdown menu.



3. To start the *Acanthamoeba* Disease Case Report entry, select ***Acanthamoeba* Disease (excluding keratitis)** from the *Disease/Organism* field on the **Patient Information** screen.



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

The screenshot shows the 'PATIENT INFORMATION' form. Red boxes highlight the following fields: 'Disease/Organism*' (Acanthamoeba Disease), 'Date of Diagnosis*' (mm/dd/yyyy), 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*' (Yes/No), 'Patient ID (MRN)', 'Person Completing Form', 'Attending Physician/Clinician', 'First Name*', 'Middle Name', 'Last Name*', 'Suffix', 'Date of Birth*' (mm/dd/yyyy), 'Patient Sex*', 'Ethnicity*', and 'Race*'. The 'Unknown' checkbox for the date field is also visible.

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

This close-up shows the 'Date of Diagnosis*' field. A red box highlights the date input field containing 'mm/dd/yyyy' and 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?*

This close-up shows the conditional field: 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*' with 'Yes' and 'No' buttons highlighted by a red box. Below it are the corresponding dropdown menus for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician, each with an 'Affiliation/Organization' dropdown and an 'If other, please specify' text box.

- 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).

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.

The screenshot shows a form with several fields. 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 options: 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.**

The screenshot shows the address, phone, and email sections of the form. The 'Address 1*' text box is highlighted in red. The 'Address 2' text box, which contains the placeholder 'Unit, Suite, Building, etc.', is also highlighted in red. The 'City*' text box is highlighted in red. The 'State*' dropdown menu is highlighted in red. The 'Zip Code*' text box is highlighted in red. The 'County*' dropdown menu is highlighted in red. The 'Phone*' text box, which contains the placeholder '(XXX) XXX-XXXX', is highlighted in red. The 'Email' text box, which contains the placeholder 'name@domain.com', is highlighted in red.

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

The screenshot shows the 'Visit Type*' dropdown menu highlighted in red. The menu is open, showing a list of options: Ambulatory, Emergency, Field, Home Health, Inpatient Acute, Inpatient Encounter, and Inpatient Non-Acute. There is also an 'Unknown' option with a checkbox next to it. The 'Encounter ID/Visit #' field and the 'Generate' button are also visible.

• 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 in red. The field is empty. The 'Visit Type*' dropdown menu is set to 'Ambulatory'. The 'Generate' button is visible to the right of the field.

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

Is the patient currently pregnant?*

Yes No Unknown

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

mm/dd/yyyy Unknown

Save Next

3 Laboratory Information

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

LABORATORY INFORMATION

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

NOTE: No additional information is required on this screen. Please click the "Next" button to proceed.

Save Previous Next

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.*

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:

Altered mental status*

Photophobia*

Ataxia*

Skin or mucosal lesions*

Diplopia (double vision)*

Vision loss*

Non-Specific cranial nerve dysfunction*

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?*

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?*

If yes, please specify.* ?

5 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?*

- 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**.

2. Select the **appropriate answer** for the field: *Domestic travel within the last 30 days (outside state of normal residence)*.

- If **Yes** is selected for the *Domestic travel (outside state of normal residence)* field, the subsequent *If yes, please specify state(s).* field is enabled. From the multi-select dropdown menu, select the **state(s) in which the patient traveled.**

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

If yes, please specify state(s).* ?

Select...

- KY
- AK
- AL
- AR
- AS
- AZ
- CA

4. Select the **appropriate answer** for the field: *International travel within last 30 days.*

International travel within the last 30 days*

If yes, please specify country(s).? ?

Select...

- If **Yes** is selected, the subsequent field *If yes, please specify country(s).* is enabled. From the multi-select dropdown menu, select the **country or countries in which the patient traveled.**

International travel within the last 30 days*

If yes, please specify country(s).* ?

Select...

- United States
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda

5. Select the **appropriate answers** for the following fields to indicate descriptions that apply to the patient:

- *School/daycare attendee*
- *School/daycare employee*
- *Food handler*
- *Healthcare worker*
- *Long-term care facility resident*
- *Long-term care facility employee*
- *Correctional facility resident*
- *Correctional facility employee*
- *Homeless shelter resident*
- *Homeless shelter employee*
- *College/university student*
- *College/university teacher*
- *Substance abuse or misuse*
- *Military*
- *Other congregate setting resident*
- *Other congregate setting employee*

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. ?

Healthcare worker*

If yes, please specify the name of healthcare facility. ?

Long-term care facility resident*

If yes, please specify the name of long-term care facility. ?

Long-term care facility employee*

If yes, please specify the name of long-term care facility. ?

Correctional facility resident*

If yes, please specify the name of correctional facility. ?

Correctional facility employee*

If yes, please specify the name of correctional facility. ?

Homeless shelter resident*

If yes, please specify the name of homeless shelter. ?

Homeless shelter employee*

If yes, please specify the name of homeless shelter. ?

College/university student*

If yes, please specify the name of college/university. ?

College/university teacher*

If yes, please specify the name of college/university. ?

Military*

If yes, please specify the name of military base. ?

Other congregate setting resident*

If yes, please specify the name of other congregate setting. ?

Other congregate setting employee*

If yes, please specify the name of other congregate setting. ?

Please Note: If **Yes** is selected for **any** of the descriptive questions, the subsequent textbox is enabled for Users to specify the name of the appropriate setting.

For example, if **Yes** is selected for the *Healthcare worker* field, the subsequent textbox field is enabled. To proceed, you must enter the **name of the healthcare facility** in the subsequent field: *If yes, please specify the name of the healthcare facility.*

Healthcare worker*

If yes, please specify the name of healthcare facility.*

- 6. Select the **appropriate answer** for the field: *Did the patient inject drugs not prescribed by a doctor?*
- 7. Select the **appropriate answer** for the field: *Did the patient use street drugs, but not inject?*

Did the patient inject drugs not prescribed by a doctor?*

Did the patient use street drugs, but not inject?*

- 8. Select the **appropriate answer** for the conditional question: *Did the patient have any recreational water exposure?*

Did the patient have any recreational water exposure?*

Was the water treated or untreated? Please select all that apply.

Select...

Date of Exposure

mm/dd/yyyy Unknown

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

Did the patient have any recreational water exposure?*

Was the water treated or untreated? Please select all that apply.

Select...

Date of Exposure

mm/dd/yyyy Unknown

9. From the multi-select dropdown menu, select the **appropriate answer(s)** for the field: *Was the water treated or untreated? Please select all that apply.*

9. Enter the **Date of Exposure**. If the date of exposure is unknown, click the **Unknown** checkbox.

10. Select the **appropriate answer** for the field: *Did the patient perform a nasal irrigation or rinse (i.e., neti pot)?*

11. If **Yes** is selected, enter the **Date of Nasal Irrigation**. If the date of nasal irrigation is unknown, click the **Unknown** checkbox.

12. Select the **appropriate answer** for the field: *Is this part of an outbreak?*

13. If **Yes** is selected, the subsequent field is enabled. Enter **the name of the outbreak** in the subsequent textbox: *If yes, please specify name of the outbreak.*

Is this part of an outbreak?*

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

14. 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.* ?

Please Note: From this point forward, the workflow screens are the same as Foodborne and Waterborne Diseases Case Reports. For more information, please review the [Direct Data Entry for Case Reports: Foodborne and Waterborne Diseases User Guide](#).

6 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.

