



Kentucky Health
Information Exchange
(KHIE)

**Sexually Transmitted
Diseases Case Report:
Syphilis & Congenital
Syphilis**

Quick Reference Guide

July 2024

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Document Control Information

Document Information

Document Name	Sexually Transmitted Diseases Case Report: Syphilis & Congenital Syphilis Quick Reference Guide
Project Name	KHIE
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	1.0
Document Status	Revised Draft
Date Released	07/01/2024

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
0.1	06/27/2024	Initial Draft	Deloitte Consulting
0.2	06/28/2024	Revised Draft per KHIE Review	KHIE/Deloitte Consulting
1.0	07/01/2024	Finalized Draft per KHIE Review	KHIE/Deloitte Consulting

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1 Introduction

Overview

This training manual covers the unique functionalities for the Syphilis and Congenital Syphilis conditions in the Sexually Transmitted Diseases eICR Form in the ePartnerViewer. The Syphilis condition contains unique **Patient Information, Additional Information, Medical Conditions, and Travel Information** screens. The Congenital Syphilis condition contains unique **Patient Information, Laboratory Information, Applicable Symptoms, Medical Conditions, and Travel Information** screens. All other screens for Syphilis and Congenital Syphilis follow the generic workflow for the Sexually Transmitted Diseases Case Report. For specific information about the Sexually Transmitted Diseases Case Report, please review the [Direct Data Entry for Case Reports: Sexually Transmitted 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

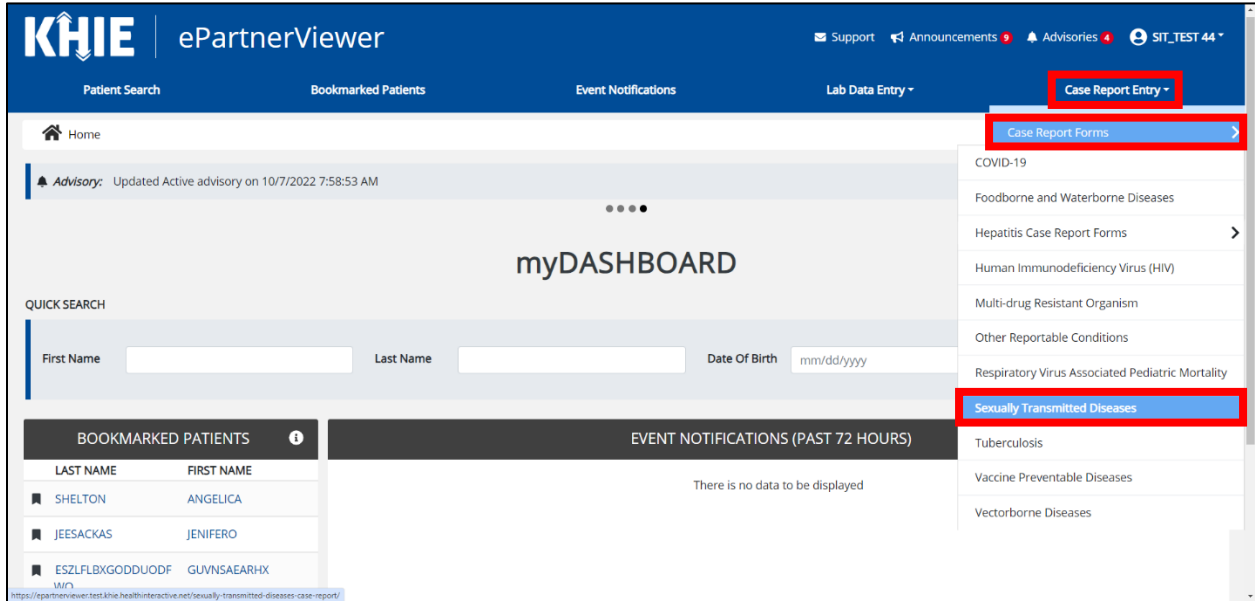
To access the ePartnerViewer, Users must meet the following specifications:

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).

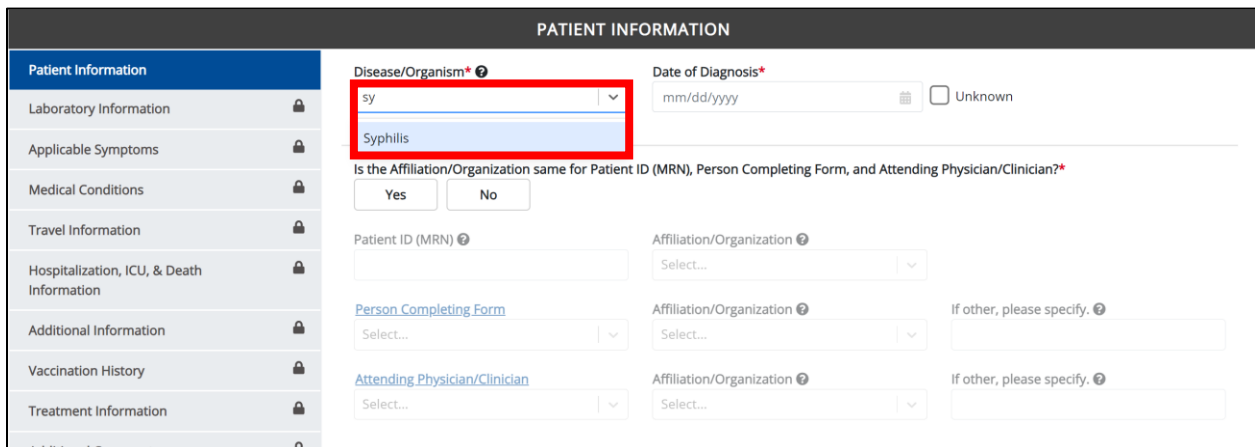
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

2 Syphilis Patient Information

1. To enter Sexually Transmitted 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 **Sexually Transmitted Diseases** from the dropdown menu.



3. To start the Syphilis Case Report entry, select **Syphilis** 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*' (containing 'Syphilis'), 'Date of Diagnosis*' (with a calendar icon and 'Unknown' checkbox), the question 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?' with 'Yes' and 'No' buttons, 'Patient ID (MRN)*', 'Person Completing Form', 'Attending Physician/Clinician', 'First Name*', 'Middle Name', 'Last Name*', 'Suffix', 'Date of Birth*' (with a calendar icon), 'Patient Sex*', 'Ethnicity*', and 'Race*'. The left sidebar contains a navigation menu with categories like Laboratory Information, Applicable Symptoms, Medical Conditions, Travel Information, Hospitalization, ICU, & Death Information, Additional Information, Vaccination History, Treatment Information, and Additional Comments.

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 to its right.

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 question: 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?'. A red box highlights the 'Yes' and 'No' buttons. Below the question are three rows of 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 input field.

- 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: Patient ID (MRN) with value EB19039283, Person Completing Form, Attending Physician/Clinician, and Prefix. The Affiliation/Organization dropdown menu is open, showing a list of hospitals including Eugene Hospital, Evergreen General Hospital, Green Hosp, Heartland Clinic, Hilton Hospital, Howell Hospital, and Knight Hospital. The dropdown menu is highlighted with a red border.

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 the Person Completing Form dropdown menu open, with options: Jane Doe (jane@mailinator.com) and Mr. Marty Craine, Sr (marty@email.com). The dropdown menu is highlighted with a red border.

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

The screenshot shows the Affiliation/Organization dropdown menu open for the Person Completing Form, with options: Eugene Hospital, Evergreen General Hospital, Green Hosp, Heartland Clinic, Hilton Hospital, Howell Hospital, and Justin Hospital. The dropdown menu is highlighted with a red border.

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 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.**

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 and contains the text 'Select...'. The 'Zip Code*' text box is highlighted in red. The 'County*' dropdown is highlighted in red and contains the text 'Select...'. 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 options: Ambulatory, Emergency, Field, Home Health, Inpatient Acute, Inpatient Encounter, and Inpatient Non-Acute. The 'Encounter ID/Visit #' field is highlighted in red and contains the text 'Generate'.

• 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 #' field is highlighted in red and contains the text 'Generate'.

- 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.

Visit Type* **Encounter ID/Visit #** Generate

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

Visit Type* **Encounter ID/Visit #** Generate

- 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.

Visit Type* **Encounter ID/Visit #** Generate

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

Is the patient currently pregnant?*
If yes, please enter the due date (EDC). Unknown

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.

Is the patient currently pregnant?*
If yes, please enter the due date (EDC).* Unknown

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.*

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

28. Enter the **weight of the fetus at delivery** in the *Pounds (lb)* and *Ounces (oz)* textboxes for the field: *What was the weight of the fetus at delivery?*

What was the weight of the fetus at delivery?

Pounds (lb)* Ounces (oz)*

lb oz

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

What was the weight of the fetus at delivery?

Pounds (lb)* Ounces (oz)*

7 6

Save Next

3 Syphilis 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.

Does the patient have a lab test?^{*}

Laboratory Information

Laboratory Name^{*}

Test Lab

Test Name^{*}

Reagin Ab [Presence] in Serum x | v

If other, please specify. ⓘ

Filler Order/Accession Number ⓘ

1010101101

Specimen Source^{*}

Blood x | v

If other, please specify. ⓘ

Test Result^{*}

Pending x | v

If other, please specify. ⓘ

Test Result Date mm/dd/yyyy Unknown

Specimen Collection Date^{*} 06/11/2024 Unknown

Additional Information ⓘ

0/300 Characters

4 Syphilis 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?*

The screenshot shows the 'APPLICABLE SYMPTOMS' form. On the left is a navigation menu with items: Patient Information (checked), Laboratory Information (checked), Applicable Symptoms (selected), Medical Conditions (locked), Travel Information (locked), Hospitalization, ICU, & Death Information (locked), Additional Information (locked), Treatment Information (locked), Additional Comments (locked), and Review and Submit (locked). The main content area has a header 'APPLICABLE SYMPTOMS' and a conditional question: 'Were symptoms present during the course of illness?*' with three buttons: 'Yes', 'No', and 'Unknown'. This question and its buttons are highlighted with a red box. Below the question are fields for 'Onset Date' (mm/dd/yyyy or Unknown), a section for 'Rash' with 'Yes', 'No', and 'Unknown' buttons, a dropdown for rash locations, and a text field for 'If other, please specify.'. At the bottom are 'Fever' buttons ('Yes', 'No', 'Unknown').

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

This screenshot shows the 'APPLICABLE SYMPTOMS' form after 'Yes' has been selected for the conditional question. The 'Yes' button is now highlighted in blue. The 'Onset Date*' field, 'Rash*' buttons, and 'Fever*' buttons are all highlighted with red boxes, indicating they are now active. The 'Rash*' buttons are 'Yes', 'No', and 'Unknown'. The 'Fever*' buttons are 'Yes', 'No', and 'Unknown'. The 'If yes, please enter the highest temperature.' field is also visible at the bottom.

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 rashes during the illness, select the **appropriate answer** for the field: *Rash*.

- If **Yes** is selected, the subsequent field is enabled. Select the **location(s) on the patient's body where rashes occurred** from the subsequent multi-select dropdown: *If the patient has any rashes, please specify the locations on the body. Please select all that apply.*

- If **Other** is selected, the subsequent field is enabled. Enter the **other location(s) on the patient's body where rashes occurred** in the subsequent textbox: *If other, please specify.*

Rash*

If the patient has any rashes, please specify the locations on the body. Please select all that apply.* ?

Arm x Feet x Other x

If other, please specify.* ?

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

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.* ?

6. To report whether 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 the number of days with diarrhea.*

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

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

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

Alopecia* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Condylomata lata of vulva* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Chancre, Sore or Lesion* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Infective Uveitis* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Condylomata lata of penis* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Inguinal lymphadenopathy* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Condylomata lata of perianal skin* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Rash of secondary syphilis* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>

8. 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.*

9. Once complete, click **Next** to proceed to the **Medical Conditions** screen.

Did the patient have any other symptoms?*

If yes, please specify.* ⓘ

5 Syphilis Medical Conditions

1. On the **Medical Conditions** screen, select the **appropriate answer** for the conditional question at the top: *Did the patient have any underlying medical conditions and/or risk behaviors?*

MEDICAL CONDITIONS

Did the patient have any underlying medical conditions and/or risk behaviors?*

Which of the following conditions did the patient experience during illness?

Neurologic impairment

If yes, please specify. ⓘ

Vision impairment

If yes, please specify. ⓘ

Substance abuse or misuse

If yes, please specify the substance that was abused or misused. ⓘ

Immunosuppressive condition

If yes, please specify. ⓘ

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.

Did the patient have any underlying medical conditions and/or risk behaviors?*

Which of the following conditions did the patient experience during illness?

Neurologic impairment*

If yes, please specify. ⓘ

Vision impairment*

If yes, please specify. ⓘ

Substance abuse or misuse*

If yes, please specify the substance that was abused or misused. ⓘ

Immunosuppressive condition*

If yes, please specify. ⓘ

- 3. The following question displays on the **Medical Conditions** screen: *Which of the following conditions did the patient experience during illness?*
- 4. Select the **appropriate answers** for the following fields to indicate the conditions the patient experienced during illness:
 - *Neurologic impairment*
 - *Substance abuse or misuse*
 - *Vision impairment*
 - *Immunosuppressive condition*

Which of the following conditions did the patient experience during illness?

Neurologic impairment*

Yes No Unknown

If yes, please specify. ?

Vision impairment*

Yes No Unknown

If yes, please specify. ?

Substance abuse or misuse*

Yes No Unknown

If yes, please specify the substance that was abused or misused. ?

Immunosuppressive condition*

Yes No Unknown

If yes, please specify. ?

- 4. If **Yes** is selected for any of the following conditional fields, enter the **appropriate impairment or condition** in the textbox for the field: *If yes, please specify.*
 - *Neurologic impairment*
 - *Vision impairment*
 - *Immunosuppressive condition*
- 5. If **Yes** is selected for the conditional field *Substance abuse or misuse*, enter the **substance that was abused or misused** in the textbox: *If yes, please specify the substance that was abused or misused.*

Neurologic impairment*

If yes, please specify.* ?

Vision Impairment*

If yes, please specify.* ?

Substance abuse or misuse*

If yes, please specify the substance that was abused or misused.* ?

Immunosuppressive condition*

If yes, please specify.* ?

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

Immunosuppressive condition*

If yes, please specify.* ?

6 Syphilis Travel Information

1. On the **Travel Information** screen, select the **appropriate answer** for the conditional question at the top: *Does the patient have a travel history within the last 12 months?*

TRAVEL INFORMATION

Does the patient have a travel history within the last 12 months?*

Yes No Unknown

Domestic travel (outside state of normal residence)

Yes No Unknown

If yes, please specify state(s). ?

Select... | v

International travel

Yes No Unknown

If yes, please specify country(s). ?

Select... | v

Save Previous Next

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.

TRAVEL INFORMATION

Does the patient have a travel history within the last 12 months?*

Yes No Unknown

Domestic travel (outside state of normal residence)*

Yes No Unknown

If yes, please specify state(s). ?

Select... | v

International travel*

Yes No Unknown

If yes, please specify country(s). ?

Select... | v

Save Previous Next

3. Select the **appropriate answer** for the field: *Domestic travel (outside state of normal residence)*.

Domestic travel (outside state of normal residence)*
 Yes No Unknown
If yes, please specify state(s).
Select...

4. If **Yes** is selected, select the **state(s) in which the patient traveled** in the textbox for the field: *If yes, please specify state(s)*.

Domestic travel (outside state of normal residence)*
 Yes No Unknown
If yes, please specify state(s).*
Select...
KY
AK
AL
AR
AS
AZ
CA

5. Select the **appropriate answer** for the field: *International travel*.

International travel*
 Yes No Unknown
If yes, please specify country(s).
Select...

6. If **Yes** is selected, select the **country or countries in which the patient traveled** in the textbox for the field: *If yes, please specify country(s)*.

If yes, please specify country(s).*
Select...
United States
Afghanistan
Albania
Algeria
Andorra
Angola
Antigua and Barbuda

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

Save Previous **Next**

7 Syphilis 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?*

HOSPITALIZATION, ICU, & DEATH INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Medical Conditions

Travel Information

Hospitalization, ICU, & Death Information

Additional Information

Vaccination History

Treatment Information

Additional Comments

Review & Submit

Was the patient hospitalized?*

Yes No Unknown

If yes, please specify the hospital name.*

Admission Date mm/dd/yyyy Unknown Discharge Date mm/dd/yyyy Unknown

Still hospitalized

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

Yes No Unknown

Admission Date to ICU mm/dd/yyyy Unknown Discharge Date from ICU mm/dd/yyyy Unknown

Still in ICU

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

Yes No

If yes, please provide the date of death.

Date of Death mm/dd/yyyy

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

HOSPITALIZATION, ICU, & DEATH INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Medical Conditions

Travel Information

Hospitalization, ICU, & Death Information

Additional Information

Vaccination History

Treatment Information

Additional Comments

Review & Submit

Was the patient hospitalized?*

Yes No Unknown

If yes, please specify the hospital name.*

Admission Date* mm/dd/yyyy Unknown Discharge Date* mm/dd/yyyy Unknown

Still hospitalized

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

Yes No Unknown

Admission Date to ICU mm/dd/yyyy Unknown Discharge Date from ICU mm/dd/yyyy Unknown

Still in ICU

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

Yes No

If yes, please provide the date of death.

Date of Death mm/dd/yyyy

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* 04/29/2024 Unknown

Discharge Date* mm/dd/yyyy Unknown

Still hospitalized

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

Admission Date to ICU mm/dd/yyyy Unknown

Discharge Date from ICU mm/dd/yyyy Unknown

Did the patient die as a result of this illness?

If yes, please provide the date of death.
Date of Death mm/dd/yyyy

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.

HOSPITALIZATION, ICU, & DEATH INFORMATION

Was the patient hospitalized?

If yes, please specify the hospital:
Test Hospital

Admission Date* 06/15/2024 Invalid Admission Date

Discharge Date* 06/12/2024 Invalid Discharge Date

Still hospitalized

Hospitalization, ICU, & Death Information

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

Admission Date* 06/15/2024 <input type="checkbox"/> Unknown <small>Invalid Admission Date</small>	Discharge Date* 06/12/2024 <input type="checkbox"/> Unknown <input type="checkbox"/> Still hospitalized <small>Invalid Discharge Date</small>
--	---

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

8 Syphilis Additional Information

1. On the **Additional Information** screen, select the **appropriate answer** for the conditional question at the top: *Is there any additional information that you would like to provide?*

The screenshot shows the 'ADDITIONAL INFORMATION' form. At the top, the question 'Is there any additional information that you would like to provide?' is highlighted with a red box. Below it are three buttons: 'Yes', 'No', and 'Unknown'. The rest of the form, including a dropdown menu for 'Please select the stage.', a text field for 'If other, please specify.', and a section for 'Was previous treatment given for this infection?' with date and place fields, is currently disabled.

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.

This screenshot shows the same 'ADDITIONAL INFORMATION' form, but with the 'Yes' button selected and highlighted by a red box. Consequently, the subsequent fields are now enabled. The 'Please select the stage.' dropdown menu is highlighted with a red box, and the 'Was previous treatment given for this infection?' section, including its buttons and date/place fields, is also highlighted with a red box.

- 3. Select the **appropriate answer to indicate the patient's current stage of Syphilis** from the dropdown menu for the field: *Please select the stage.*

Please select the stage.*

Select...

Early Latent

Late or Unknown

Primary

Secondary

Other

Date Place

- 4. If **Other** is selected, enter the **patient's other stage of Syphilis** in the textbox for the field: *If other, please specify.*

Please select the stage.*

Other

If other, please specify.*

- 5. Select the **appropriate answer** for the field: *Was previous treatment given for this infection?*

Was previous treatment given for this infection?*

Yes No Unknown

If yes, please give an approximate date and place.

Date mm/dd/yyyy Unknown Place

- 6. If **Yes** is selected, enter the **Date in which previous treatment was given** in the *Date* field.
- 7. If **Yes** is selected, enter the **Place in which previous treatment was given** in the *Place* field.
- 8. Once complete, click **Next** to proceed to the **Vaccination History** screen.

Was previous treatment given for this infection?*

Yes No Unknown

If yes, please give an approximate date and place.

Date* mm/dd/yyyy Unknown Place

Save Previous Next

9 Syphilis 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 the "Next" button to proceed.**
2. Click **Next** to proceed to the **Treatment Information** screen.

Please provide the vaccination history of the patient related to this case.

VACCINATION HISTORY

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

Save Previous Next

10 Syphilis 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 the "Next" button to proceed.**

TREATMENT INFORMATION

Is the patient undergoing any treatment for the condition being reported?*

Yes No Unknown

Treatment Information

Treatment Start Date

mm/dd/yyyy Unknown

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.

TREATMENT INFORMATION

Is the patient undergoing any treatment for the condition being reported?*

Yes No Unknown

Treatment Information

Treatment Start Date*

mm/dd/yyyy Unknown

Medication*

Select... | v

If other, please specify.

Dose*

Frequency*

Select... | v

Duration* ⓘ

If the frequency is other, please specify. ⓘ

Additional Information ⓘ

0/300 Characters

+ Add Treatment

3. Enter the **Treatment Start Date**. If the treatment start date is unknown, click the **Unknown** checkbox.

Treatment Information

Treatment Start Date*

mm/dd/yyyy Unknown

4. Select the **appropriate answer** from the dropdown menu: *Medication*.

5. If **Other** is selected, enter the **other medication administered to the patient** in the textbox for the field: *If other, please specify*.

6. Select the **frequency of the medication** from the dropdown menu for the field: *Frequency*.

7. Enter the **duration of the medication** in the textbox for the field: *Duration*.

8. If **Other** is selected for the *Frequency* field, enter the **frequency of the medication** in the textbox for the field: *If the frequency is other, please specify*.

9. If applicable, enter **additional treatment information** in the textbox for the field: *Additional Information*.

10. Click the **Add Treatment** button to log additional treatment information details.

Additional Information ⓘ

0/300 Characters

+ Add Treatment

• To delete a *Treatment Information* section, click the **Trash Bin Icon** located at the top right.

Treatment Information

mm/dd/yyyy Unknown

Medication*
Select...
If other, please specify.

Dose*

Frequency* Duration* ⓘ

If the frequency is other, please specify. ⓘ

Additional Information ⓘ

0/300 Characters

11. Once complete, click the **Next** button to proceed to the **Additional Comments** screen.

+ Add Treatment

Save Previous **Next**

11 Syphilis 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.

12 Syphilis 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 Syphilis 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 **Congenital Syphilis**?*

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

Case Report Entry [X]

Case Report Entry Saved Successfully

Document ID: 9cd2f841-000d-4d2b-8cd2-33c0b5cd34d3

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 Congenital Syphilis?

Cancel **Initiate**

Duration: 14 days

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 **Congenital Syphilis** preselected for the *Disease/Organism* field.

13 Congenital Syphilis Patient Information

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

PATIENT INFORMATION

Disease/Organism* Congenital Syphilis x v

Date of Diagnosis* mm/dd/yyyy Unknown

2. The **Patient Information** screen of the Congenital Syphilis Case Report displays additional fields about the patient’s mother.

Visit Type* Select... Encounter ID/Visit #* Generate

Was the patient's mother diagnosed with syphilis?*

If yes, please enter the date of diagnosis.
mm/dd/yyyy Unknown

Was the patient's mother treated for syphilis 30 or more days before delivery?*

Please enter the type of treatment administered to the patient's mother.

Treatment Administered Select... v

If other, please specify.

Dose Dose Frequency Days of Therapy

Treatment Start Date mm/dd/yyyy Unknown

+ Add Treatment

Please enter the contact information of the patient's mother.

First Name* Last Name* Date of Birth* mm/dd/yyyy

Address 1* Address 2 Unit, Suite, Building, etc.

City* State* Zip Code*

County* Phone* (XXX) XXX-XXXX Email name@domain.com

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

PATIENT INFORMATION

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*

Patient Sex* Ethnicity* Race*

Visit Type* Encounter ID/Visit #* Generate

Was the patient's mother diagnosed with syphilis?*

If yes, please enter the date of diagnosis. Unknown

Was the patient's mother treated for syphilis 30 or more days before delivery?*

Please enter the type of treatment administered to the patient's mother.

Treatment Administered

If other, please specify.

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

Disease/Organism* Date of Diagnosis* Unknown

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

A form section containing several input fields. At the top left is a dropdown menu labeled 'Prefix' with 'Select...' and a downward arrow, highlighted with a red box. Below it are three text input fields: 'First Name*', 'Middle Name', and 'Last Name*'. At the bottom left is another dropdown menu labeled 'Suffix' with 'Select...' and a downward arrow, also highlighted with a red box. To its right is a date input field labeled 'Date of Birth*' with a placeholder 'mm/dd/yyyy' and a calendar icon.

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

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

A form section with three text input fields: 'First Name*', 'Middle Name', and 'Last Name*'. Each of these three fields is highlighted with a red rectangular box.

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

A form section with two input fields. On the left is a dropdown menu labeled 'Suffix' with 'Select...' and a downward arrow. On the right is a date input field labeled 'Date of Birth*' with a placeholder 'mm/dd/yyyy' and a calendar icon. The date field is highlighted with a red rectangular box.

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

A form section with three dropdown menus: 'Patient Sex*', 'Ethnicity*', and 'Race*'. The 'Patient Sex*' dropdown is open, showing options: 'Female', 'Male', and 'Unknown'. This dropdown is highlighted with a red box. Below the dropdowns is an 'Encounter ID/Visit #' field with a question mark icon and a 'Generate' checkbox.

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

A form section with several fields. At the top left is a dropdown menu labeled 'Patient Sex*' with 'Male' selected. To its right is a dropdown menu labeled 'Ethnicity*' with 'Not Hispanic or Latino' selected; this dropdown is highlighted with a red box. Further right is a dropdown menu labeled 'Race*' with 'Select...' and a downward arrow; this dropdown is also highlighted with a red box 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'. Below these are a 'Visit Type*' dropdown, an 'Encounter ID/Visit #' field with a question mark icon, and a 'Generate' checkbox. At the bottom is a section for 'Was the patient's mother diagnosed with syphilis?*' with 'Yes', 'No', and 'Unknown' buttons, and a date input field with a question mark icon and a 'Unknown' checkbox.

11. 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.

Patient's Mother Details

The Congenital Syphilis Case Report captures details of the patient's mother.

12. Select the **appropriate answer** for the conditional question: *Was the patient's mother diagnosed with syphilis?*

Visit Type* Encounter ID/Visit #* ?
Select... Generate

Was the patient's mother diagnosed with syphilis?*

If yes, please enter the date of diagnosis. ?
mm/dd/yyyy Unknown

Was the patient's mother treated for syphilis 30 or more days before delivery?*

Please enter the type of treatment administered to the patient's mother.

Treatment Administered
Select...

If other, please specify.

Dose Dose Frequency Days of Therapy

Treatment Start Date
mm/dd/yyyy Unknown

13. If **Yes** is selected, enter the **Date of Diagnosis**. If the mother's date of diagnosis is unknown, click the **Unknown** checkbox.

Was the patient's mother diagnosed with syphilis?*

If yes, please enter the date of diagnosis.* ?
mm/dd/yyyy Unknown

14. Select the **appropriate answer** for the conditional question: *Was the patient's mother diagnosed with syphilis?*

Was the patient's mother treated for syphilis 30 or more days before delivery?*

Please enter the type of treatment administered to the patient's mother.

15. 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.

Was the patient's mother treated for syphilis 30 or more days before delivery?*

Please enter the type of treatment administered to the patient's mother.

Treatment Administered*

Select...

If other, please specify.

Dose* Dose Frequency* Days of Therapy*

Treatment Start Date*

mm/dd/yyyy Unknown

+ Add Treatment

16. Select the **treatment administered to the patient's mother** from the dropdown menu for the field: *Treatment Administered*.

Please enter the type of treatment administered to the patient's mother.

Treatment Administered*

Select...

Bicillin L-A

Doxycycline

Extencilline

Other

Treatment Start Date*

17. If **Other** is selected, enter the **other treatment administered to the patient's mother** in the textbox for the field: *If other, please specify*.

Please enter the type of treatment administered to the patient's mother.

Treatment Administered*

Other

If other, please specify.*

18. Enter the **Dose**, **Dose Frequency**, and **Days of Therapy** for the patient’s mother in the appropriate fields.

19. Enter the **Treatment Start Date** for the patient’s mother. If the treatment start date is unknown, click the **Unknown** checkbox.

Dose* [red box] Dose Frequency* [red box] Days of Therapy* [red box]
Treatment Start Date* [red box] mm/dd/yyyy [calendar icon] Unknown

20. Click the **Add Treatment** button to log additional treatment information details.

Treatment Start Date* mm/dd/yyyy [calendar icon] Unknown
+ Add Treatment [red box]

• To delete a *Treatment Information* section, click the **Trash Bin Icon** located at the top right.

Trash Bin Icon [red box]
Treatment Administered* Select... [dropdown]
If other, please specify. [text area]
Dose* [text] Dose Frequency* [text] Days of Therapy* [text]
Treatment Start Date* mm/dd/yyyy [calendar icon] Unknown
+ Add Treatment

21. Enter the **First Name** and **Last Name** of the patient’s mother.

22. Enter the **Date of Birth** of the patient’s mother.

Please enter the contact information of the patient's mother.
First Name* [red box] Last Name* [red box] Date of Birth* [red box] mm/dd/yyyy [calendar icon]

23. Enter the **Street Address**, **City**, **State**, **Zip Code**, and **County** of the patient’s mother.

Address 1* [red box] Address 2 [red box] Unit, Suite, Building, etc.
City* [red box] State* [red box] Select... [dropdown] Zip Code* [red box]
County* [red box] Select... [dropdown] Phone* [red box] (XXX) XXX-XXXX [text] Email [red box] name@domain.com [text]

24. Enter the **Phone Number** of the patient’s mother.

25. If available, enter the **Email Address** of the patient’s mother.

County* Fayette
Phone* (XXX) XXX-XXXX
Email name@domain.com

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

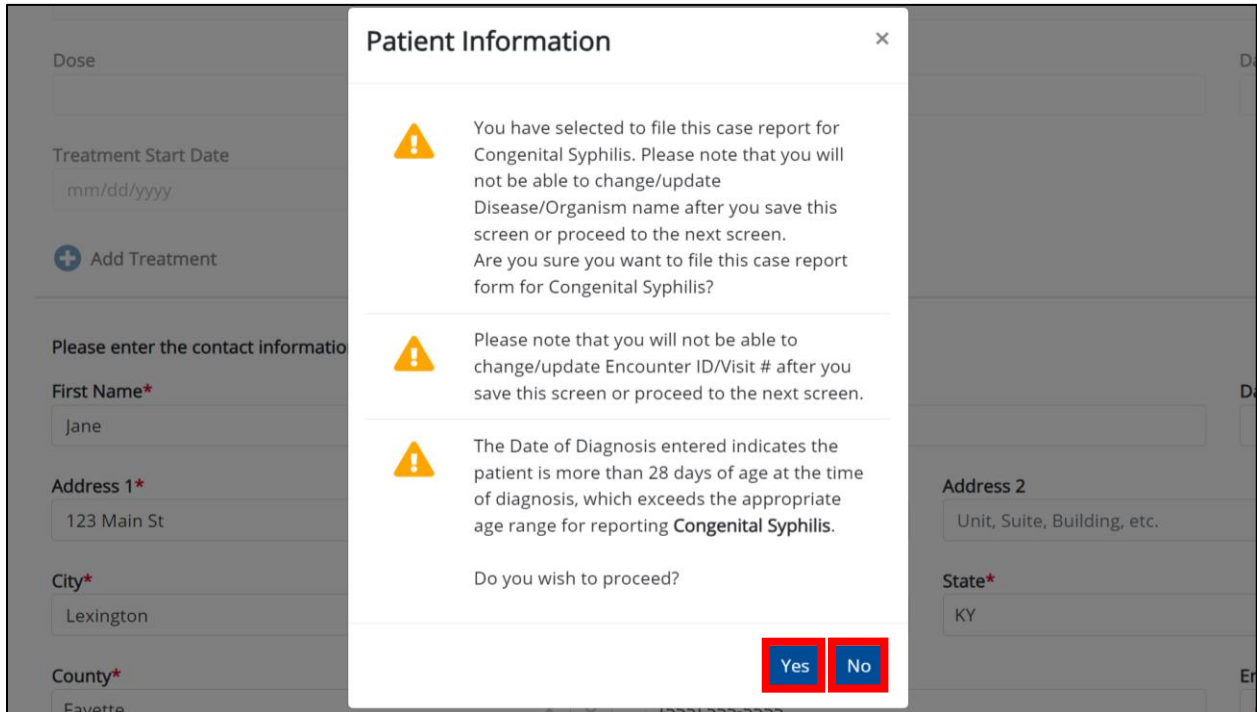
First Name* Jane Last Name* Doe Date of Birth* 01/01/2000
Address 1* 123 Test Street Address 2 Unit, Suite, Building, etc.
City* Frankfort State* KY Zip Code* 40601-
County* Franklin Phone* (555) 123-1234 Email name@domain.com
Save Next

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

- *The Date of Diagnosis entered indicates the patient is over 28 days of age at the time of diagnosis. Please confirm if you wish to complete the **Congenital Syphilis** Case Report Form for the patient. Do you wish to proceed?*

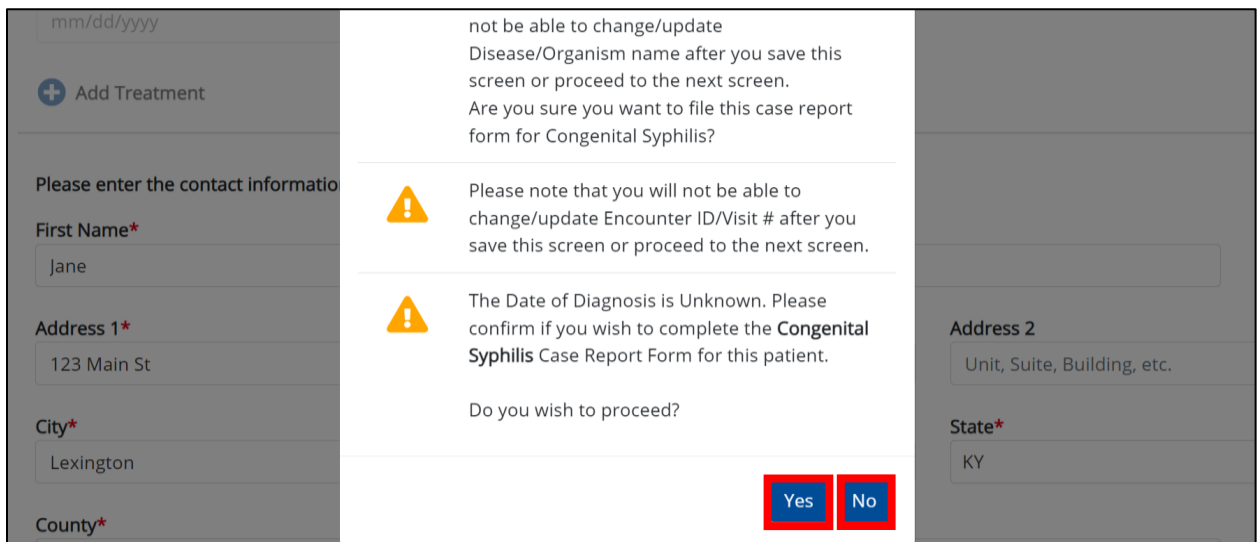
Treatment Start Date mm/dd/yyyy
+ Add Treatment
Please enter the contact information
First Name* Jane
Address 1* 123 Main St
City* Lexington
Address 2 Unit, Suite, Building, etc.
State* KY
D
! You have selected to file this case report for Congenital Syphilis. Please note that you will not be able to change/update Disease/Organism name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for Congenital Syphilis?
! Please note that you will not be able to change/update Encounter ID/Visit # after you save this screen or proceed to the next screen.
! 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 **Congenital Syphilis**.
Do you wish to proceed?

- 28. To update the Date of Birth, click **No** to close the *Patient Information* pop-up and enter the **appropriate Date of Birth** to indicate that the patient is 28 days of age or younger.
- 29. If the Date of Birth is accurate, click **Yes** to close the *Patient Information* pop-up and proceed to the **Laboratory Information** screen.

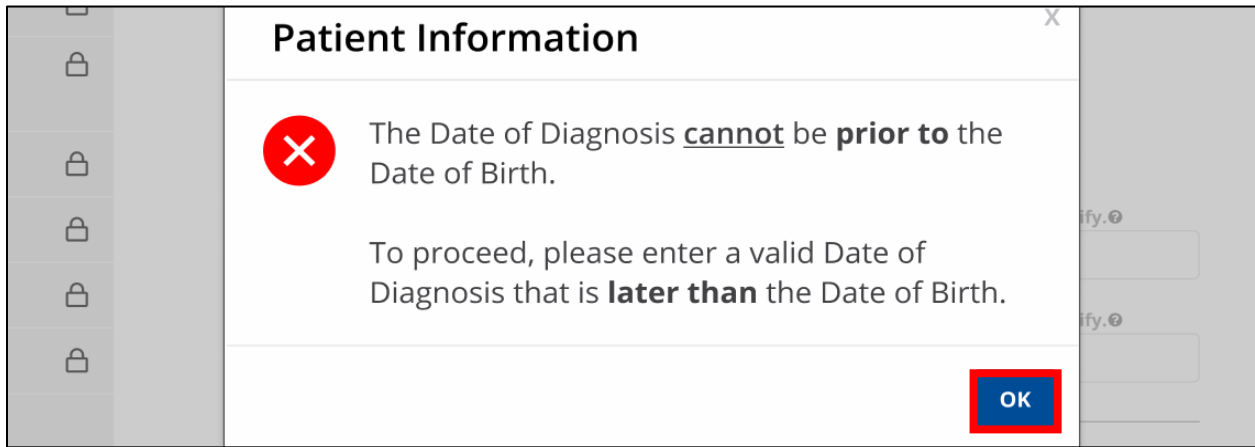


- 30. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following message when the Date of Diagnosis entered is unknown.

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



- 31. To update the Date of Diagnosis, click **No** to close the *Patient Information* pop-up and enter the **appropriate Date of Diagnosis**. If the Date of Diagnosis is not known, click **Yes** to close the *Patient Information* pop-up and proceed to the **Laboratory Information** screen.
- 32. 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.*
- 33. To update the Date of Diagnosis, click **OK** to close the *Patient Information* pop-up and enter the **appropriate Date of Diagnosis**.



14 Congenital Syphilis 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 lab-related fields on the screen are enabled.
3. Complete the **enabled mandatory fields** under the *Laboratory Information* section.

LABORATORY INFORMATION

Does the patient have a lab test?*

Laboratory Information

Laboratory Name*

Test Name*

If other, please specify. ?

Filler Order/Accession Number ?

Specimen Source*

If other, please specify. ?

Test Result*

If other, please specify. ?

Test Result Date* Unknown

Specimen Collection Date* Unknown

Additional Information ?

0/300 Characters

Please Note: If **No** or **Unknown** is selected, all the subsequent fields on the screen are disabled.

Adding Multiple Tests

- 4. Click **Add Test** to log the details for multiple tests. This means that you can easily enter additional test details on the same patient.

Please Note: When you click the **Add Test** button, at least one lab test section must be entered.

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

Adding Cerebrospinal Fluid (CSF) Analysis

The Congenital Syphilis Case Report captures details for cerebrospinal fluid analysis.

4. Click any of the following buttons to add cerebrospinal fluid analysis information for the patient:

- **Add Leukocytes** button
- **Add Protein** button

Cerebrospinal Fluid (CSF) Analysis

+ Add Leukocytes

+ Add Protein

Please Note: When you click the **Add Leukocytes** button or the **Add Protein** button, at least one cerebrospinal fluid analysis section must be entered.

Adding Leukocytes

5. Click the **Add Leukocytes** button to log the details for leukocytes.


Cerebrospinal Fluid (CSF) Analysis

+ Add Leukocytes

+ Add Protein

- To delete a *Leukocytes* section, click the **Trash Bin Icon** located at the top right.

Cerebrospinal Fluid (CSF) Analysis

Leukocytes 

Test Name*
Select... | v

Result* Units*
Select... | v

Reference Range* Test Result Date*
mm/dd/yyyy Unknown

+ Add Leukocytes

6. Select the appropriate **Test Name** from the *Test Name* dropdown menu.

The screenshot shows a form titled "Leukocytes" with a red trash icon in the top right. The "Test Name*" dropdown menu is open, showing "Select..." at the top and "Leukocytes [# /volume] in Cerebral spinal fluid" selected. Below the dropdown is a "Select..." field. A red box highlights the dropdown menu.

7. Enter the **Result** in the *Result* textbox.

The screenshot shows the "Leukocytes" form with "Leukocytes [# /volume] in Cerebral spinal fluid" selected in the "Test Name*" dropdown. The "Result*" field is empty and highlighted with a red box. Other fields include "Units*" (Select...), "Reference Range*" (empty), "Test Result Date*" (mm/dd/yyyy), and an "Unknown" checkbox. A "+ Add Leukocytes" button is at the bottom left.

8. Select the **Units** from the *Units* dropdown menu.

The screenshot shows the "Leukocytes" form with "20" entered in the "Result*" field. The "Units*" dropdown menu is open, showing "Select..." at the top and "mCL" selected. A red box highlights the dropdown menu. Other fields include "Reference Range*" (empty), "Test Result Date*" (mm/dd/yyyy), and an "Unknown" checkbox. A "+ Add Leukocytes" button is at the bottom left.

9. Enter the **Reference Range** in the *Reference Range* textbox.

The screenshot shows the "Leukocytes" form with "20" in "Result*" and "mCL" in "Units*". The "Reference Range*" field is empty and highlighted with a red box. Other fields include "Test Result Date*" (mm/dd/yyyy) and an "Unknown" checkbox. A "+ Add Leukocytes" button is at the bottom left.

10. Enter the **Test Result Date**. If the test result date is unknown, click the **Unknown** checkbox.

The screenshot shows the "Leukocytes" form with "20" in "Result*", "mCL" in "Units*", and "<5" in "Reference Range*". The "Test Result Date*" field is empty and highlighted with a red box. The "Unknown" checkbox is checked. A "+ Add Leukocytes" button is at the bottom left.

Adding Proteins


11. Click the **Add Protein** button to log the details for protein.

Cerebrospinal Fluid (CSF) Analysis

+ Add Leukocytes

+ Add Protein

- To delete a *Protein* section, click the **Trash Bin Icon** located at the top right.

Protein 

Test Name*
Select... | v

Result* Units*
Select... Select... | v

Reference Range* Test Result Date*
mm/dd/yyyy Unknown

+ Add Protein

12. Select the appropriate **Test Name** from the *Test Name* dropdown menu.

Protein 

Test Name*
Select... | v
Protein [Mass/volume] in Cerebral spinal fluid

13. Enter the **Result** in the *Result* textbox.

Test Name*
Protein [Mass/volume] in Cerebral spinal fluid x | v

Result* Units*
Select... | v

Reference Range* Test Result Date*
mm/dd/yyyy Unknown

14. Select the **Units** from the *Units* dropdown menu.

Result*
65

Reference Range*

Units*
Select... | v
mg/dL
mm/dd/yyyy Unknown

+ Add Protein

15. Enter the **Reference Range** in the *Reference Range* textbox.

The screenshot shows a form with the following fields: 'Result*' with value '65', 'Units*' with value 'mg/dL', 'Reference Range*' which is highlighted with a red box, and 'Test Result Date*' with a date input field and an 'Unknown' checkbox. There is also an 'Add Protein' button.

16. Enter the **Test Result Date**. If the test result date is unknown, click the **Unknown** checkbox.

The screenshot shows the same form as above, but now the 'Test Result Date*' field and the 'Unknown' checkbox are highlighted with a red box.

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

The screenshot shows the bottom of the 'Laboratory Information' screen. It features a 'Save' button on the left and 'Previous' and 'Next' buttons on the right. The 'Next' button is highlighted with a red box.

15 Congenital Syphilis Applicable Symptoms

10. On the **Applicable Symptoms** screen, select the **appropriate answer** for the conditional question at the top: *Were symptoms present during the course of illness?*

The screenshot shows the 'APPLICABLE SYMPTOMS' form. On the left is a sidebar with menu items: Patient Information (checked), Laboratory Information (checked), Applicable Symptoms (selected), Medical Conditions (locked), Travel Information (locked), Hospitalization, ICU, & Death Information (locked), Additional Information (locked), Treatment Information (locked), Additional Comments (locked), and Review and Submit (locked). The main content area has a header 'APPLICABLE SYMPTOMS' and a conditional question: 'Were symptoms present during the course of illness?*' with three buttons: 'Yes', 'No', and 'Unknown'. This question and its buttons are highlighted with a red box. Below the question are fields for 'Onset Date' (mm/dd/yyyy or Unknown), a section for 'Rash' with 'Yes', 'No', and 'Unknown' buttons, a dropdown for rash locations, and a text field for 'If other, please specify.'. At the bottom are 'Fever' buttons ('Yes', 'No', 'Unknown').

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

This screenshot shows the 'APPLICABLE SYMPTOMS' form after 'Yes' is selected for the conditional question. The 'Yes' button is highlighted with a blue background. The 'Onset Date*' field, 'Rash*' buttons, and 'Fever*' buttons are now enabled and highlighted with red boxes. The 'Rash*' buttons are 'Yes', 'No', and 'Unknown'. The 'Fever*' buttons are 'Yes', 'No', and 'Unknown'. The 'If yes, please enter the highest temperature.' field is also visible at the bottom.

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**.

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

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

13. To report whether the patient had rashes during the illness, select the **appropriate answer** for the field: *Rash*.

- If **Yes** is selected, the subsequent field is enabled. Select the **location(s) on the patient's body where rashes occurred** from the subsequent multi-select dropdown: *If the patient has any rashes, please specify the locations on the body. Please select all that apply.*

- If **Other** is selected, the subsequent field is enabled. Enter the **other location(s) on the patient's body where rashes occurred** in the subsequent textbox: *If other, please specify.*

Rash*

Yes No Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply.* ?

Arm x Feet x Other x

If other, please specify.* ?

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

Fever*

Yes No Unknown

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*

Yes No Unknown

If yes, please enter the highest temperature.* ?

15. To report whether 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)*

Yes No Unknown

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 the number of days with diarrhea.*

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

Yes No Unknown

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

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

Anemia*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Condyloma lata*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Edema*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Hepatosplenomegaly*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Jaundice*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Pseudoparalysis*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Snuffles*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

17. 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?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, please specify. ?			
<input type="text"/>			

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

Did the patient have any other symptoms?*	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, please specify.* ?			
<input type="text"/>			

Medical Imaging

The Congenital Syphilis Case Report captures medical imaging details.

19. Select the **appropriate answer** for the field: *Was an X-ray performed?*

20. 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.

21. Enter the **Date of X-ray**. If the date of X-ray is unknown, click the **Unknown** checkbox.

22. If known, enter the **imaging interpretation** in the textbox for the field: *Please specify imaging interpretation.*

23. Once complete, click **Next** to proceed to the **Medical Conditions** screen.

16 Congenital Syphilis Medical Conditions

1. On the **Medical Conditions** screen, complete the same workflow listed in **Chapter 5 - Syphilis Medical Conditions**.

Did the patient have any underlying medical conditions and/or risk behaviors?*

Yes No Unknown

Which of the following conditions did the patient experience during illness?

Neurologic impairment*

Yes No Unknown

If yes, please specify. ⓘ

Vision impairment*

Yes No Unknown

If yes, please specify. ⓘ

Substance abuse or misuse*

Yes No Unknown

If yes, please specify the substance that was abused or misused. ⓘ

Immunosuppressive condition*

Yes No Unknown

If yes, please specify. ⓘ

2. Select the **appropriate answer** for the conditional question: *Is there an alternate explanation for CSF Protein being elevated?*

Is there an alternate explanation for the CSF Protein being elevated?*

Yes No Unknown

If yes, please specify.

0/500 Characters

3. If **Yes** is selected, enter the **alternate explanation for the CSF Protein being elevated** in the textbox for the field: *If yes, please specify*.
4. Once complete, click **Next** to proceed to the **Travel Information** screen.

If yes, please specify.*

0/500 Characters

Save Previous **Next**

17 Congenital Syphilis Travel Information

1. On the **Travel Information** screen, complete the same workflow listed in **Chapter 6 – Syphilis Travel Information**.
2. Once complete, click **Next** to proceed to the **Hospitalization, ICU, & Death Information** screen.

TRAVEL INFORMATION

Does the patient have a travel history within the last 12 months?*

Domestic travel (outside state of normal residence)*

If yes, please specify state(s). ?

Select...

International travel*

If yes, please specify country(s). ?

Select...

18 Congenital Syphilis Hospitalization, ICU, & Death Information

1. On the **Travel Information** screen, complete the same workflow listed in **Chapter 7 – Syphilis Hospitalization, ICU, & Death Information**.
2. Once complete, click **Next** to proceed to the **Additional Information** screen.

HOSPITALIZATION, ICU, & DEATH INFORMATION

Was the patient hospitalized?*

If yes, please specify the hospital name.* ?

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

Still in ICU

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

If yes, please provide the date of death.

Date of Death

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

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

If yes, please provide the date of death.

Date of Death

19 Congenital Syphilis Additional Information

1. On the **Additional 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 **Treatment Information** screen.

ADDITIONAL INFORMATION

Patient Information	✔
Laboratory Information	✔
Applicable Symptoms	✔
Medical Conditions	✔
Travel Information	✔
Hospitalization, ICU, & Death Information	✔
Additional 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.

20 Congenital Syphilis 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 the "Next" button to proceed.**
2. Click **Next** to proceed to the **Treatment Information** screen.

21 Congenital Syphilis Treatment Information

1. On the **Treatment Information** screen, complete the same workflow listed in **Chapter 10 – Syphilis Treatment Information.**

1. Once complete, click **Next** to proceed to the **Additional Comments** screen.

A screenshot of a web form. At the top left, there is a blue plus icon followed by the text "Add Treatment". Below this, there is a horizontal line. At the bottom of the form, there are three buttons: "Save" on the left, "Previous" in the middle, and "Next" on the right. The "Next" button is highlighted with a red rectangular border.

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

22 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.

