

Kentucky Health Information Exchange (KHIE)

Vaccine Preventable Diseases Case Report: Rubella, Congenital Syndrome

Quick Reference Guide

May 2024

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1 Introduction

Overview

This training manual covers the unique functionalities for the Rubella, Congenital Syndrome condition in the Vaccine Preventable Diseases eICR Form in the ePartnerViewer. The Rubella, Congenital Syndrome condition has a unique **Patient Information** screen and contains a *Medical Imaging* section on the **Applicable Symptoms** screen. All other screens for the Rubella, Congenital Syndrome condition follow the generic workflow for the Vaccine Preventable Diseases Case Report. For specific information about the Vaccine Preventable Diseases Case Report, please review the [Direct Data Entry for Case Reports: Vaccine Preventable 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

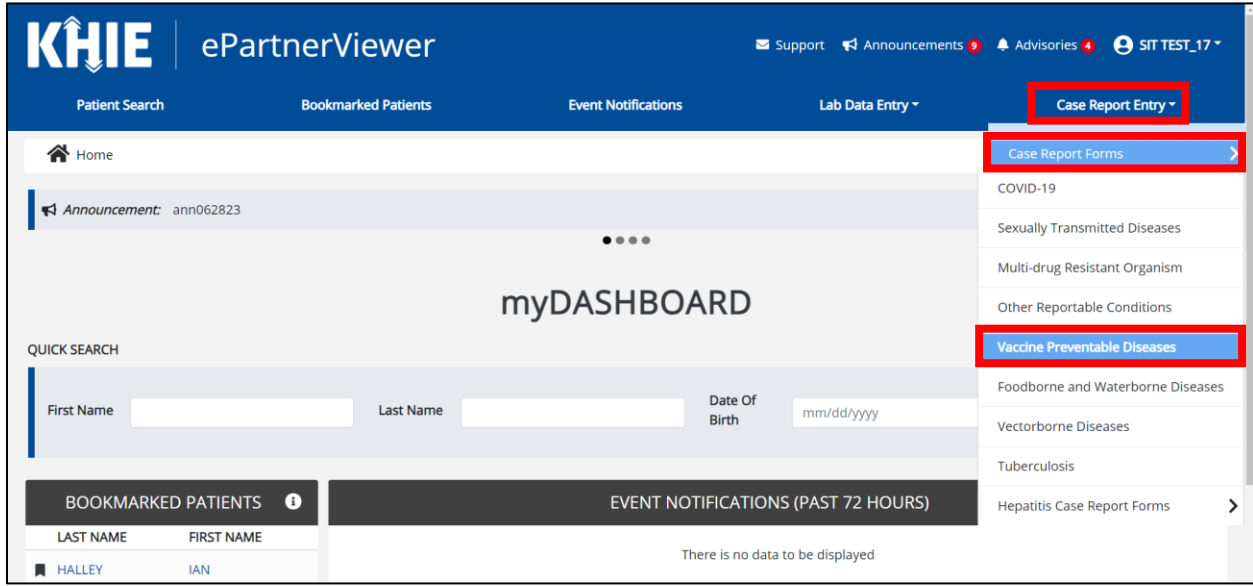
To access the ePartnerViewer, Users must meet the following specifications:

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).

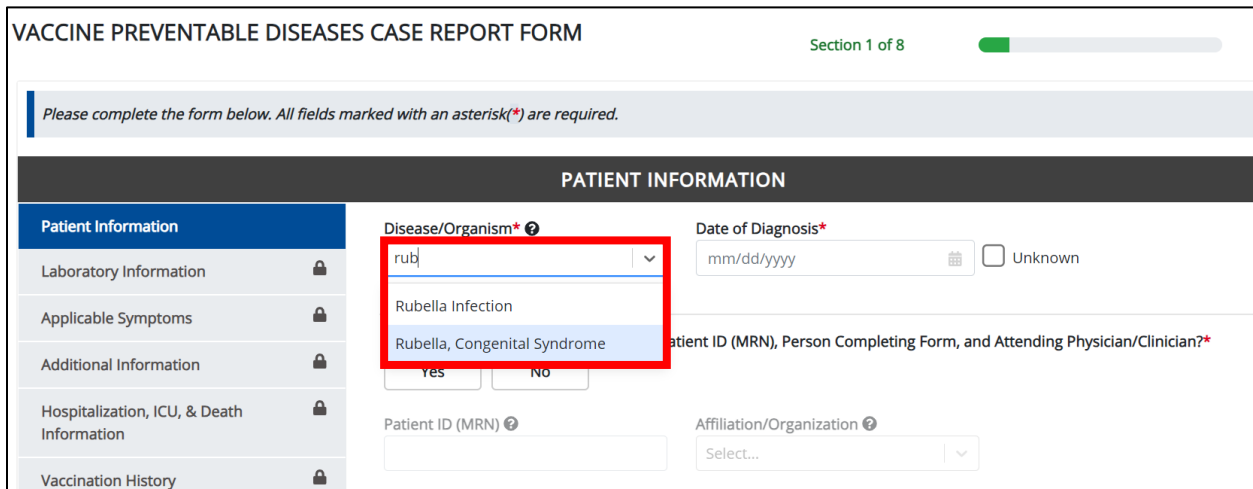
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

2 Patient Information

1. To enter Vaccine Preventable 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 **Vaccine Preventable Diseases** from the dropdown menu.



3. To start the Rubella, Congenital Syndrome Case Report entry, select **Rubella, Congenital Syndrome** from the *Disease/Organism* field on the **Patient Information** screen.



Please Note: Case Reports for Rubella, Congenital Syndrome must be submitted only for patients **28 days of age or younger**.

- 4. Upon selecting **Rubella, Congenital Syndrome** for the *Disease/Organism* field, the **Patient Information** screen automatically displays additional fields about the patient's mother.

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*** **Birth Weight**

Patient Sex* **Ethnicity*** **Race***

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

Did the patient's mother ever receive a rubella vaccine?*

Was the patient's mother diagnosed with rubella?*

If yes, please enter the date of diagnosis.?

Unknown

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

First Name* **Last Name*** **Date of Birth***

Address 1* **Address 2**

City* **State*** **Zip Code***

County* **Phone*** **Email**

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

PATIENT INFORMATION

Disease/Organism* x

Date of Diagnosis* Unknown

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

Patient ID (MRN)

Affiliation/Organization

Person Completing Form

Affiliation/Organization If other, please specify.

Attending Physician/Clinician

Affiliation/Organization If other, please specify.

Prefix

First Name* Middle Name Last Name*

Suffix

Date of Birth*

Birth Weight

Patient Sex*

Ethnicity*

Race*

Visit Type*

Encounter ID/Visit #* Generate

Did the patient's mother ever receive a rubella vaccine?*

Was the patient's mother diagnosed with rubella?*

If yes, please enter the date of diagnosis. Unknown

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

First Name* Last Name* Date of Birth*

Address 1* Address 2

City* State* Zip Code*

County* Phone* Email

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

Disease/Organism* Rubella, Congenital Syndrome x | v

Date of Diagnosis* mm/dd/yyyy Unknown

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

Prefix Select... | v

First Name* Middle Name Last Name*

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

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

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

First Name* Middle Name Last Name*

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

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

11. If available, enter the patient's **Birth Weight** in the *lb* and *oz* textboxes.

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

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

Patient Sex* Female Male Other Unknown

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

Address 2 Unit, Suite, Building, etc.

State* Select... | v Zip Code*

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

14. 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.

The screenshot shows a form field for "Encounter ID/Visit #" with a question mark icon. To its right is a checkbox labeled "Generate" which is checked. The field is highlighted with a red box. To the left is a "Visit Type*" dropdown menu with "Emergency" selected.

Patient's Mother Details

The Rubella, Congenital Syndrome Case Report captures details of the patient's mother.

15. Select the **appropriate answer** for the field: *Did the patient's mother ever receive a rubella vaccine?*

The screenshot shows the question "Did the patient's mother ever receive a rubella vaccine?*" with three radio button options: "Yes", "No", and "Unknown". The "Yes" option is selected and highlighted with a red box. Below the question is another question: "Was the patient's mother diagnosed with rubella?*" with "Yes", "No", and "Unknown" options. Below that is a date input field "mm/dd/yyyy" with a calendar icon and an "Unknown" checkbox.

16. Select the **appropriate answer** for the field: *Was the patient's mother diagnosed with rubella?*

The screenshot shows the question "Was the patient's mother diagnosed with rubella?*" with three radio button options: "Yes", "No", and "Unknown". The "Yes" option is selected and highlighted with a red box. Below the question is a date input field "mm/dd/yyyy" with a calendar icon and an "Unknown" checkbox.

- If **Yes** is selected, enter the **date of diagnosis of the patient's mother**. If the date of diagnosis is unknown, click the **Unknown** checkbox.

The screenshot shows the question "Did the patient's mother ever receive a rubella vaccine?*" with "Yes", "No", and "Unknown" options. The "Yes" option is selected. Below it is the question "Was the patient's mother diagnosed with rubella?*" with "Yes", "No", and "Unknown" options. The "Yes" option is selected. Below that is a date input field "mm/dd/yyyy" with a calendar icon and an "Unknown" checkbox. The date field is highlighted with a red box.

17. Enter the **First Name** and **Last Name** of the patient's mother.

Did the patient's mother ever receive a rubella vaccine?*

Was the patient's mother diagnosed with rubella?*

If yes, please enter the date of diagnosis.*

Unknown

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

First Name* **Last Name*** **Date of Birth***

Address 1* **Address 2**

City* **State*** **Zip Code***

County* **Phone*** **Email**

18. Enter the **Date of Birth** of the patient's mother.

Last Name* **Date of Birth***

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

Address 1* **Address 2**

City* **State*** **Zip Code***

County* **Phone*** **Email**

20. Enter the **Phone Number** of the patient's mother.

21. If available, enter the **Email Address** of the patient's mother.

County* **Phone*** **Email**

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

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

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

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

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

Please Note: The **Laboratory Information** screen follows the same workflow as the Vaccine Preventable Diseases Case Reports. For more information, please review the [Direct Data Entry for Case Reports: Vaccine Preventable Diseases User Guide](#).

3 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?*

VACCINE PREVENTABLE DISEASES CASE REPORT FORM Section 3 of 8

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

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

Were symptoms present during the course of illness?*

Onset Date ⓘ

mm/dd/yyyy Unknown

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

Fever

If yes, please enter the highest temperature. ⓘ

Diarrhea (>3 loose stools/24hr period)

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

Cataracts

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

APPLICABLE SYMPTOMS

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

Were symptoms present during the course of illness?*

Onset Date* ⓘ

mm/dd/yyyy Unknown

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

Fever*

If yes, please enter the highest temperature. ⓘ

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

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

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

- 3. Enter the **Onset Date** for the symptoms. If the onset date is unknown, click the **Unknown** checkbox.

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

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

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

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

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

Cataracts* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Jaundice* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Congenital glaucoma* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Meningoencephalitis* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Congenital heart disease* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Microcephaly* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Developmental delay* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Pigmentary retinopathy* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Hepatosplenomegaly* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Purpura* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Impaired hearing* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Radiolucent bone disease* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>

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

Did the patient have any other symptoms?*

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.*

Did the patient have any other symptoms?*

If yes, please specify.*

Medical Imaging

The Rubella, Congenital Syndrome Case Report captures medical imaging details for the patient.

8. Select the **appropriate answer** for the conditional question: *Did the patient have an X-ray?*

The screenshot shows the 'Medical Imaging' section of a form. The question 'Did the patient have an X-ray?*' is highlighted with a red box. Below it are three buttons: 'Yes', 'No X-Ray Done', and 'Unknown'. The 'Yes' button is currently selected. Below the buttons are fields for 'Date of X-ray' (with a calendar icon and 'Unknown' checkbox), a dropdown for 'If yes, please specify X-ray result.', and a text area for 'Please specify X-ray interpretation.' with a '0/500 Characters' indicator. At the bottom are 'Save', 'Previous', and 'Next' buttons.

Please Note: If **No X-Ray Done** or **Unknown** is selected for the conditional question, all subsequent medical imaging fields are disabled.

- If **Yes** is selected for the *Did the patient have an X-ray?* field, the subsequent fields are enabled.

This screenshot shows the same 'Medical Imaging' form, but with the 'Yes' button selected. The subsequent fields are now enabled and highlighted with a red box: 'Date of X-ray*' (with a calendar icon and 'Unknown' checkbox), 'If yes, please specify X-ray result.*' (dropdown), and 'Please specify X-ray interpretation.' (text area with '0/500 Characters' indicator).

- 9. Enter the **Date of X-ray** in the subsequent enabled field. If the date of X-ray is unknown, click the **Unknown** checkbox.

Medical Imaging

Did the patient have an X-ray?*

Date of X-ray* ?

Unknown

Calendar view for April 2024 showing date 04/06/2024 selected.

- 10. Select the **appropriate answer** from the dropdown menu: *If yes, please specify X-ray result.*

Medical Imaging

Did the patient have an X-ray?*

Date of X-ray* ?

Unknown

If yes, please specify X-ray result.*

- Abnormal
- Normal

0/500 Characters

- 11. If applicable, provide **X-ray interpretation details** in the subsequent textbox field: *Please specify X-ray interpretation.*

If yes, please specify X-ray result.*

Please specify X-ray interpretation.

0/500 Characters

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

Medical Imaging

Did the patient have an X-ray?*

Date of X-ray* ?

Unknown

If yes, please specify X-ray result.*

Please specify X-ray interpretation.

29/500 Characters

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

4 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.

