

Kentucky Health
Information Exchange
(KHIE)

**Vectorborne Diseases
Case Report:**

Alpha-gal Syndrome

Quick Reference Guide

June 2024

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1 Introduction

Overview

This training manual covers the unique functionalities for the Alpha-gal Syndrome condition in the Vectorborne Diseases eICR Form in the ePartnerViewer. The Alpha-gal Syndrome condition contains *Vitals* and *Allergy Skin Tests* sections on the **Laboratory Information** screen. All other screens for the Alpha-gal Syndrome condition follow the generic workflow for the Vectorborne Diseases Case Report. For specific information about the Vectorborne Diseases Case Report, please review the [Direct Data Entry for Case Reports: Vectorborne 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

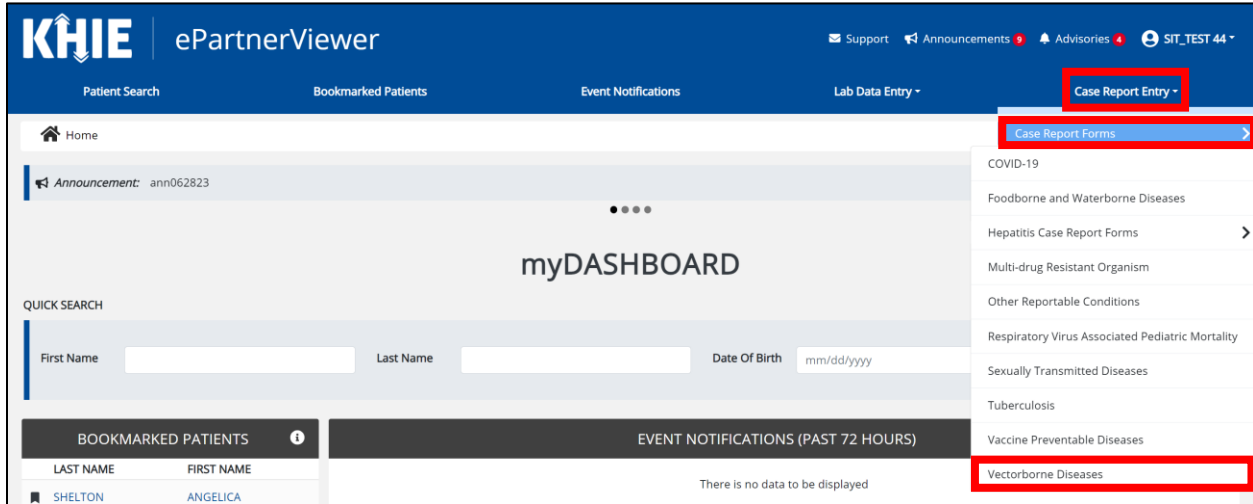
To access the ePartnerViewer, Users must meet the following specifications:

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).

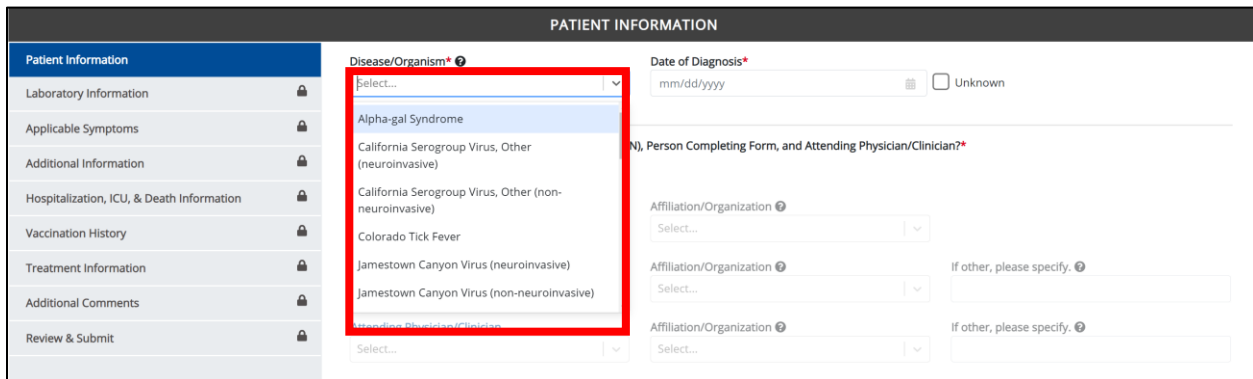
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

2 Patient Information

1. To enter Vectorborne 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 **Vectorborne Diseases** from the dropdown menu.



3. To start the Alpha-gal Syndrome Case Report entry, select **Alpha-gal Syndrome** 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. A sidebar on the left lists various information categories. The main form area contains several fields. A red box highlights the 'Date of Diagnosis*' field, which includes a date picker and an 'Unknown' checkbox. Another red box highlights a conditional question: 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*' with 'Yes' and 'No' buttons. A third red box highlights a group of fields: 'First Name*', 'Middle Name', 'Last Name*', 'Suffix', 'Date of Birth*', 'Patient Sex*', 'Ethnicity*', and 'Race*'. The 'Date of Birth*' field also includes a date picker.

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. It features a date input field with a calendar icon and an 'Unknown' checkbox. A red box highlights these two elements.

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?*' with 'Yes' and 'No' buttons. A red box highlights these buttons.

- 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* ? Select... v	
Person Completing Form* Select... v	Affiliation/Organization ? Select... v	If other, please specify: ? <input type="text"/>
Attending Physician/Clinician* Select... v	Affiliation/Organization ? Select... v	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* ? Select... v	
Person Completing Form* Select... v	Affiliation/Organization* ? Select... v	If other, please specify: ? <input type="text"/>
Attending Physician/Clinician* Select... v	Affiliation/Organization* ? Select... v	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* ? Select... v
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- 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.

A screenshot of a patient information form. The 'Patient Sex*' dropdown is highlighted in red. The 'Ethnicity*' dropdown is highlighted in red and shows 'Not Hispanic or Latino'. The 'Race*' dropdown is highlighted in red and shows a list of options including '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*', 'Address 2', 'City*', 'State*', 'Zip Code*', 'County*', 'Phone*', and 'Email' fields are highlighted in red.

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

A screenshot of the 'Visit Type*' dropdown menu. The dropdown is open, showing options: 'Ambulatory', 'Emergency', 'Field', 'Home Health', 'Inpatient Acute', 'Inpatient Encounter', and 'Inpatient Non-Acute'. The dropdown is highlighted in red.

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

A screenshot of the 'Encounter ID/Visit #' field. The field is highlighted in red. The 'Visit Type' dropdown is set to 'Ambulatory'.

- The **Encounter ID/Visit #** hyperlink allows Users to view the *Patient Case History* which includes the historical case report details and Encounter IDs (when available) that were previously submitted for the patient. The *Patient Case History* search is based on the **Patient First Name, Last Name,** and **Patient ID (MRN)** entered.

- The **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).* ⓘ

06/28/2024 Unknown

Save Next

3 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*

Select... x | v

If other, please specify. ?

Filler Order/Accession Number ?

Specimen Source*

Select... x | v

If other, please specify. ?

Test Result*

Select... x | v

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.

The screenshot shows a form titled "Additional Information" with a text input field containing "Test 1 details" and a character count of "14/300 Characters". Below the input field is a red-bordered button with a plus sign and the text "Add Test". At the bottom of the form are "Save", "Previous", and "Next" buttons.

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.

The screenshot shows a more complete form titled "Additional Information". It includes sections for "Laboratory Information", "Test Name", "Specimen Source", and "Test Result". A red-bordered trash bin icon is located in the top right corner of the form area. At the bottom of the form is an "Add Test" button.

Adding Vitals Tests

The Alpha-gal Syndrome Case Report captures vitals tests for systolic blood pressure.

- 5. Click the **Add Systolic Blood Pressure** button to log the details for systolic blood pressure.

Please Note: When you click the **Add Systolic Blood Pressure** button, at least one vital tests section must be entered.

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

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

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

Test Name*
Systolic blood pressure

Result*

Units*
Select...

Reference Range*

Test Result Date*
mm/dd/yyyy Unknown

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

Result*
80

Units*
Select...
mmHg

Reference Range*

Test Result Date*
mm/dd/yyyy Unknown

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

Reference Range*

Test Result Date*
mm/dd/yyyy Unknown

10. Enter the **Test Result Date**.

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

Reference Range*
120

Test Result Date*
mm/dd/yyyy Unknown

Allergy Skin Test

The Alpha-gal Syndrome Case Report captures allergy skin test details for the patient.

11. Select the **appropriate answer** for the conditional question: *Did the patient recently have an allergy skin test?*

The screenshot shows a form titled "Allergy Skin Test". The first question is "Did the patient recently have an allergy skin test?*" with three radio button options: "Yes", "No", and "Unknown". The "Yes" option is highlighted with a red box. Below this is a date field "Date of Allergy Skin Test" with a placeholder "mm/dd/yyyy" and a calendar icon, and an "Unknown" checkbox. The next question is "Was the allergy skin test interpreted by the ordering provider as consistent with alpha-gal allergy based on sensitivity to one or more mammalian meats (e.g., pork, beef, lamb) or other mammalian-derived products?" with "Yes", "No", and "Unknown" radio button options. At the bottom is an "Additional Information" text area with a "0/500 Characters" indicator.

12. If **Yes** is selected for the *Did the patient recently have an allergy skin test?* field, the following fields are enabled:

- *Date of Allergy Skin Test*
- *Was the allergy skin test interpreted by the ordering provider as consistent with alpha-gal allergy based on sensitivity to one or more mammalian meats (e.g., pork, beef, lab) or other mammalian-derived products?*
- *Additional Information*

This screenshot shows the same form as above, but with the "Yes" option selected for the first question. The "Date of Allergy Skin Test" field, the second question "Was the allergy skin test interpreted...", and the "Additional Information" text area are all highlighted with red boxes, indicating they are now enabled.

13. Enter the **Date of Allergy Skin Test**. If the date of the allergy skin test is unknown, click the **Unknown** checkbox.

Did the patient recently have an allergy skin test?*

Date of Allergy Skin Test*

Unknown

Was the allergy skin test interpreted by the ordering provider as consistent with alpha-gal allergy based on sensitivity to one or more mammalian meats (e.g., pork, beef, lamb) or other mammalian-derived products?*

Additional Information

0/500 Characters

14. Select the **appropriate answer** for the field: *Was the allergy skin test interpreted by the ordering provider as consistent with alpha-gal allergy based on sensitivity to one or more mammalian meats (e.g., pork, beef, lab) or other mammalian-derived products?*

Was the allergy skin test interpreted by the ordering provider as consistent with alpha-gal allergy based on sensitivity to one or more mammalian meats (e.g., pork, beef, lamb) or other mammalian-derived products?*

Additional Information

0/500 Characters

15. If applicable, enter **additional allergy skin test information** in the textbox for the field: *Additional Information*.

16. Once complete, click **Next** to proceed to the **Applicable Symptoms** screen.

Additional Information

0/500 Characters

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

Fever*

If yes, please enter the highest temperature. ?

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

Fever*

If yes, please enter the highest temperature.* ?

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

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

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

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

Abdominal pain*	Yes	No	Unknown	Itching*	Yes	No	Unknown
Anaphylaxis*	Yes	No	Unknown	Nausea*	Yes	No	Unknown
Angioedema*	Yes	No	Unknown	Shortness of breath*	Yes	No	Unknown
Cough*	Yes	No	Unknown	Tick bite*	Yes	No	Unknown
Heartburn/Indigestion*	Yes	No	Unknown	Vomiting*	Yes	No	Unknown
Hives*	Yes	No	Unknown	Wheezing*	Yes	No	Unknown

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

Did the patient have any other symptoms?*

Yes	No	Unknown
-----	----	---------

If yes, please specify. ⓘ

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

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

If yes, please specify.* ⓘ

Save Previous Next

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

5 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.

