

Kentucky Health
Information Exchange
(KHIE)

**Vectorborne Diseases
Case Reports: Keystone
Virus (Neuroinvasive)**

Quick Reference Guide

April 2024

Copyright Notice

© 2024 Deloitte. All rights reserved.

Trademarks

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

Illustrations

Illustrations contained herein are intended for example purposes only. The patients and providers depicted in these examples are fictitious. Any similarity to actual patients or providers is purely coincidental. Screenshots contained in this document may differ from the current version of the HealthInteractive asset.

Deloitte

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

Document Control Information

Document Information

Document Name	Vectorborne Diseases Case Reports: Keystone Virus (Neuroinvasive) Quick Reference Guide
Project Name	KHIE
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	1.0
Document Status	Final Draft
Date Released	04/03/2024

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
0.1	04/02/2024	Initial Draft	Deloitte Consulting
1.0	04/03/2024	Finalized Draft per KHIE Review	KHIE/Deloitte Consulting

Table of Contents

1 Introduction	4
Overview	4
Supported Web Browsers	4
Mobile Device Considerations	5
Accessing the ePartnerViewer	5
2 Laboratory Information	6
3 Applicable Symptoms	7
4 Technical Support	11
Toll-Free Telephone Support	11
Email Support	11

1 Introduction

Overview

This training manual covers the unique functionalities for the Keystone Virus (neuroinvasive) condition in the Vectorborne Diseases eICR Form in the ePartnerViewer. The Keystone Virus (neuroinvasive) condition contains suppressed **Laboratory Information** screen and has unique fields on the **Applicable Symptoms** screen. All other screens for the Keystone Virus (neuroinvasive) condition follow the generic workflow for the Vectorborne Diseases Case Report. For specific information about the Vaccine Preventable 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 Laboratory Information

1. On the **Laboratory Information** screen, the following message will display: **Note:** *No additional information is required on this screen. Please click the "Next" button to proceed.*

VECTORBORNE DISEASES CASE REPORT FORM Section 2 of 8

Please provide laboratory information related to this case.

LABORATORY INFORMATION

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

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

Save Previous Next

2. Click **Next** to proceed to the **Applicable Symptoms** screen.

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?*

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Were symptoms present during the course of illness?*

Onset Date Unknown

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* Unknown

If symptomatic, which of the following did the patient experience during their 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:

Abnormal vision*

Acute flaccid paralysis*

Altered Mental Status*

Arthralgia*

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.

APPLICABLE SYMPTOMS

Were symptoms present during the course of illness?*

Onset Date* ?

mm/dd/yyyy Unknown

March 2024

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

...ing did the patient experience during their illness?

Unknown

...emperature: ?

...eriod)*

Unknown

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

- 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 their 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.*

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

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 # of days of diarrhea: ?

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

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

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

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

Abnormal vision*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Headache*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>		
Acute flaccid paralysis*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Meningitis*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Rash*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Altered Mental Status*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Muscle weakness*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Seizures*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Arthralgia*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Myalgia*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Stupor*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Aseptic Meningitis*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Nausea*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Tremors*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Asymptomatic*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Nuchal rigidity*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Vertigo*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Coma*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Numbness*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Vomiting*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Encephalitis*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Paralysis*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>		
General paresis*	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	Pleocytosis of cerebrospinal fluid*	<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?*

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.*

Did the patient have any other symptoms?*

Yes No Unknown

If yes, please specify: * ?

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

Did the patient have any other symptoms?*

Yes No Unknown

If yes, please specify: * ?

Other symptoms

Save Previous Next

Please Note: From this point forward, the workflow screens are the same as other Vectorborne Diseases. For more information, please review the **Direct Data Entry for Case Reports: Vectorborne 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.

