

# Kentucky Health Information Exchange (KHIE)

## **Other Reportable Conditions Case Report: Mpox**

### Quick Reference Guide

July 2024

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# 1 Introduction

## Overview

This training manual covers unique functionalities for Mpox condition in the Other Reportable Conditions Case Report Form in the ePartnerViewer. The Mpox condition contains unique fields on the **Patient Information** screen, **Applicable Symptoms** screen, and **Additional Information** screen. Additionally, the Mpox condition captures vaccination details on the **Vaccination History** screen and treatment details on the **Treatment Information** screen. All other screens for the Mpox condition follow the generic workflow for the Other Reportable Conditions Case Report. For specific information about the Other Reportable Conditions Case Report, please review the [Direct Data Entry for Case Reports: Other Reportable Conditions 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
<b>Microsoft Edge</b>	
Version 44+	Version 40+
<b>Google Chrome</b>	
Version 70+	Version 70+
<b>Mozilla Firefox</b>	
Version 48+	Version 48+
<b>Apple Safari</b>	
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**

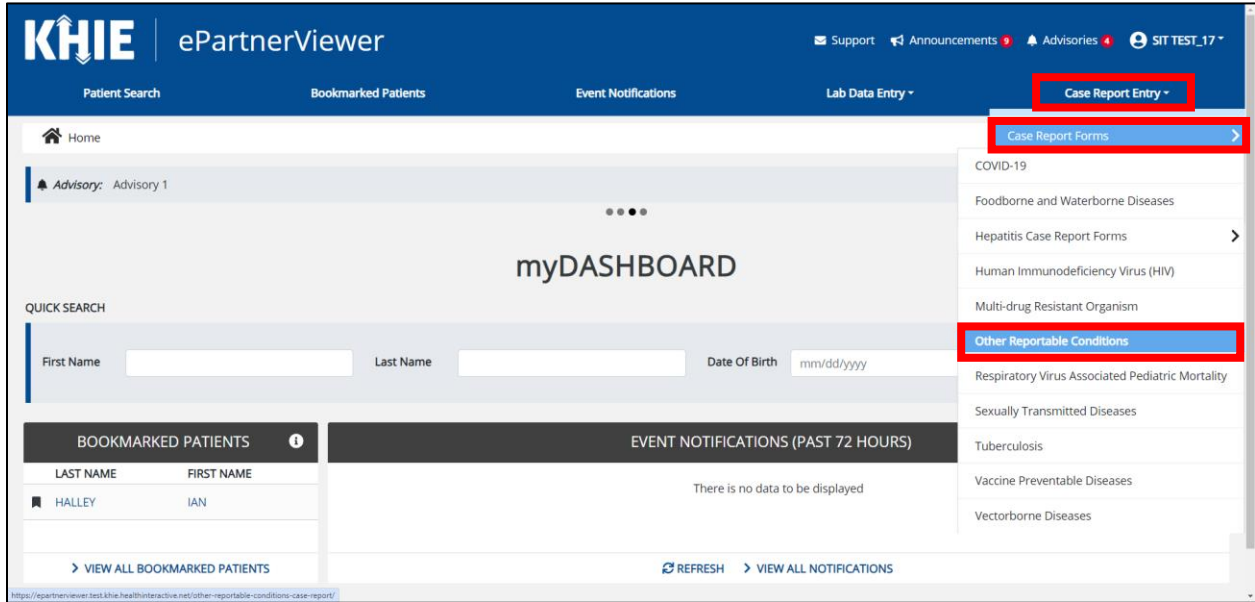
To access the ePartnerViewer, Users must meet the following specifications:

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 Other Reportable Conditions 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 **Other Reportable Conditions** from the dropdown menu.



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

The screenshot shows the 'OTHER REPORTABLE CONDITIONS CASE REPORT FORM' at 'Section 1 of 9'. The 'PATIENT INFORMATION' section is active. The 'Disease/Organism\*' dropdown menu is open, and 'Mpox' is selected. Below this, there are fields for 'Date of Diagnosis\*', 'Patient ID (MRN)', 'Affiliation/Organization', and 'Person Completing Form'. A red box highlights the 'Mpox' selection in the dropdown menu.

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

The screenshot shows the 'PATIENT INFORMATION' form with several fields highlighted by red boxes to indicate they are mandatory. The highlighted fields include: Disease/Organism\*, Date of Diagnosis\*, 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\*, Attending Physician/Clinician\*, Affiliation/Organization\*, Prefix, First Name\*, Middle Name, Last Name\*, Suffix, Date of Birth\*, Patient Sex\*, Ethnicity\*, Race\*, Address 1\*, Address 2, City\*, State\*, Zip Code\*, County\*, Phone\*, Email, Visit Type\*, Encounter ID/Visit #\*, What is the patient's gender identity?\*, Where was the patient residing at the time of illness onset?\*, Is the patient currently pregnant?\*, If yes, please enter the due date (EDC)\*, and Is the patient currently breastfeeding?\*. A note at the top of the form states: 'Some of the conditions in this dropdown are not yet enabled for case reporting. Please refer to this list to ensure that the case report you submitted has been enabled for reporting. If it has not been enabled yet, please fax an EPID 200 form to the local health department located in the patient's county of residence.'

**Please Note:** The *Is the patient currently pregnant?* and *Is the patient currently breastfeeding?* fields are enabled and required only when the *Patient Sex* field is marked as **Female**.



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

**PATIENT INFORMATION**

*Some of the conditions in this dropdown are not yet enabled for case reporting. Please refer to [this list](#) to ensure that the case report you submitted has been enabled for reporting. If it has not been enabled yet, please fax an EPID 200 form to the local health department located in the patient's county of residence.*

Disease/Organism\*  | v

Date of Diagnosis\*   Unknown

- 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?*

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

Patient ID (MRN)

Affiliation/Organization  | v

Person Completing Form  | v

Affiliation/Organization  | v

If other, please specify:

Attending Physician/Clinician  | v

Affiliation/Organization  | v

If other, please specify:

- 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)\*

Affiliation/Organization\*  | v

[Person Completing Form](#)\*  | v

Affiliation/Organization  | v

If other, please specify:

[Attending Physician/Clinician](#)\*  | v

Affiliation/Organization  | v

If other, please specify:

- 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)\*

Affiliation/Organization\*

[Person Completing Form](#)\*  Affiliation/Organization\*  If other, please specify:

[Attending Physician/Clinician](#)\*  Affiliation/Organization\*  If other, please specify:

- 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)\*

Affiliation/Organization\*

- From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).

Patient ID (MRN)\*

[Person Completing Form](#)\*

[Attending Physician/Clinician](#)\*

Prefix

Affiliation/Organization\*

- Eugene Hospital
- Evergreen General Hospital
- Green Hosp
- Heartland Clinic
- Hilton Hospital
- Howell Hospital
- Knight Hospital
- Knoll Hospital

If other, please specify:

If other, please specify:

**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). The **Affiliation/Organization** selected for the Patient ID (MRN) will display in the disabled *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician.

9. From the dropdown menu, select the name of the **Person Completing Form**.

The screenshot shows a form titled "Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?". At the top, there are "Yes" and "No" buttons. Below, there are three rows of input fields. The first row has "Patient ID (MRN)\*" with value "EB192465" and "Affiliation/Organization\*" with value "Evergreen General Hospital". The second row has "Person Completing Form\*" with a dropdown menu highlighted in red, showing options: "Jane Doe (jane@mailinator.com)" and "Mr. Marty Craine, Sr (marty@email.com)". The third row has "Affiliation/Organization\*" with value "Evergreen General Hospital".

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

The screenshot shows the same form as above, but with "No" selected. The "Person Completing Form" dropdown now has a value: "Mr. Arthur Vandelay, II (arthur@email.com)". The "Affiliation/Organization\*" dropdown for the Person Completing Form is highlighted in red, showing a list of options: "Eugene Hospital", "Evergreen General Hospital", "Green Hosp", "Heartland Clinic", "Hilton Hospital", "Howell Hospital", and "Justin Hospital".

**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**.

Suffix   mm/dd/yyyy

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

Patient Sex\*  Female Male Other Unknown  
Ethnicity\*   
Race\*   
Address 2   
State\*  Zip Code\*

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

Patient Sex\*   
Ethnicity\*   American Indian or Alaska Native Asian Asked but Unknown Black or African American Native Hawaiian or Other Pacific Islander Other Unknown  
Address 1\*  Address 2   
City\*  State\*   
County\*  Phone\*

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

Address 1\*  Address 2   
City\*  State\*  Zip Code\*   
County\*  Phone\*

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

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

County\*  Phone\*

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

23. 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.

24. Select the **patient's gender identity** from the dropdown menu: *What is the patient's gender identity?*

25. If **Another gender identity** is selected for the *What is the patient's gender identity?* field, the subsequent field is enabled. Enter the **patient's gender identity** in the subsequent field: *If another gender identity, please specify.*

26. Select the **appropriate answer** from the dropdown menu: *Where was the patient residing at the time of illness onset?*

27. If **Other** is selected for the *Where was the patient residing at the time of illness onset?* field, the subsequent field is enabled. Enter the **patient's residence type at the time of illness onset** in the subsequent field: *If other, please specify.*

28. Select the **appropriate answer** for the field: *Is the patient currently pregnant?*

Is the patient currently pregnant?\*

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

Unknown

Is the patient currently breastfeeding?\*

**Please Note:** The *Is the patient currently pregnant?* field is enabled 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)*.

Is the patient currently pregnant?\*

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

Unknown



29. Select the **appropriate answer** for the field: *Is the patient currently breastfeeding?*

If yes, please enter the due date (EDC).\* ⓘ  
mm/dd/yyyy  Unknown

**Is the patient currently breastfeeding?\***

**Please Note:** The *Is the patient currently breastfeeding?* field is enabled only when the *Patient Sex* field is marked as **Female**.

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

Visit Type\*  x | v Encounter ID/Visit #\* ⓘ   Generate

What is the patient's gender identity?\*  
 x | v

If another gender identity, please specify.\*

Where was the patient residing at the time of illness onset?\* ⓘ  
 x | v

If other, please specify.

Is the patient currently pregnant?\*

If yes, please enter the due date (EDC).\* ⓘ  
mm/dd/yyyy  Unknown

Is the patient currently breastfeeding?\*

### 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?*

The screenshot shows the 'LABORATORY INFORMATION' header. Below it, a question 'Does the patient have a lab test?\*' is displayed with three buttons: 'Yes', 'No', and 'Unknown'. These buttons are enclosed in a red rectangular box. Below the question, there are input fields for 'Laboratory Name' and a dropdown menu for 'Test Name'.

2. If **Yes** is selected, the subsequent laboratory-related fields on the screen are enabled. You must enter details for a lab test.

This screenshot shows the 'LABORATORY INFORMATION' screen with a sidebar on the left. The sidebar includes 'Patient Information' (checked), 'Laboratory Information' (selected), 'Applicable Symptoms', 'Additional Information', 'Hospitalization, ICU, & Death Information', 'Vaccination History', 'Treatment Information', 'Additional Comments', and 'Review & Submit'. The main content area shows the question 'Does the patient have a lab test?\*' with 'Yes', 'No', and 'Unknown' buttons. The 'Yes' button is highlighted in a red box. Below this, a large red box encompasses the following fields: 'Laboratory Name\*', 'Test Name\*' (dropdown), 'If other, please specify.', 'Filler Order/Accession Number', 'Specimen Source\*' (dropdown), 'If other, please specify.', 'Test Result\*' (dropdown), 'If other, please specify.', 'Test Result Date' (calendar), 'Unknown' checkbox, 'Specimen Collection Date\*' (calendar), 'Unknown' checkbox, and 'Additional Information' (text area). At the bottom of the red box is an 'Add Test' button.

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

If other, please specify. ?

Filler Order/Accession Number ?  
110110101

Specimen Source\*  
Abscess 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\* 04/30/2024  Unknown

Additional Information ?

0/300 Characters

+ Add Test

Save Previous **Next**

## 4 Applicable Symptoms

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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 3 of 9

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?\*

Yes  No  Unknown

Onset Date ⓘ

mm/dd/yyyy  Unknown

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

### APPLICABLE SYMPTOMS

Were symptoms present during the course of illness?\*

Yes  No  Unknown

Onset Date\* ⓘ

mm/dd/yyyy  Unknown

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

Fever\*

Yes  No  Unknown

If yes, please enter the highest temperature. ⓘ

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

Yes  No  Unknown

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

Back pain\*

Yes  No  Unknown

Chills\*

Yes  No  Unknown

Cough\*

Yes  No  Unknown

Exhaustion\*

**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\* ?

Unknown

- 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:

<b>Back pain*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<b>Lymphadenopathy*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
<b>Chills*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<b>Muscle aches*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
<b>Cough*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<b>Nasal congestion*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
<b>Exhaustion*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<b>Sore throat*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
<b>Headache*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<b>Rash*</b> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>

7. Select the **appropriate answer** for the field: *Rash*.

**Rash\***

Onset Date of Rash  
mm/dd/yyyy  Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply. ⓘ  
Select... | v

If other, please specify.

8. If **Yes** is selected, the subsequent field is enabled. Enter the **Onset Date of Rash**. If the onset date is unknown, click the **Unknown** checkbox.

**Rash\***

**Onset Date of Rash\***  
mm/dd/yyyy  Unknown

If the patient has any rashes, please specify the locations on the body. Please select all that apply.\* ⓘ  
Select... | v

If other, please specify.

- 9. Select the **location(s) on the patient's body where rashes occurred** from the multiselect dropdown menu: *If the patient has any rashes, please specify the locations on the body. Please select all that apply.*

Rash\*

Onset Date of Rash\*  
04/01/2024  Unknown

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

Arm x Hands x Face x

- Feet
- Leg
- Penis
- Rectum
- Torso
- Vagina
- Other

- 10. 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\*

Onset Date of Rash\*  
04/01/2024  Unknown

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

Arm x Hands x Face x Other x

If other, please specify.\*

- 11. 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?\*

- 12. 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.\* ?

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

Muscle aches\*

Nasal congestion\*

Sore throat\*

Rash\*

Onset Date of Rash\*  
   Unknown

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

If other, please specify.\*

Did the patient have any other symptoms?\*

If yes, please specify.\*



## 5 Additional Information

1. On the **Additional Information** screen, select the **appropriate answer** for the conditional question at the top: *Did the patient have any of the following exposures in the past 6 months?*

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 fields are disabled and marked with **No**.

If **Unknown** is selected for the conditional question, all subsequent fields are disabled and marked as **Unknown**.

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

Domestic travel (outside state of normal residence)\*

If yes, please specify state.

Select...

Date of Departure <sup>?</sup>   Unknown

Date of Arrival <sup>?</sup>   Unknown

+ Add Domestic Travel

14. If **Yes** is selected for the *Domestic travel (outside state of normal residence)* field, the subsequent field is enabled. Select the **state in which the patient traveled** from the dropdown menu: *If yes, please specify state.*

Domestic travel (outside state of normal residence)\*

If yes, please specify state.\*

Select...

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

Date of Departure <sup>?</sup> Date of Arrival <sup>?</sup>

4. Enter the **Date of Departure** and the **Date of Arrival** in the appropriate fields.

ADDITIONAL INFORMATION

Did the patient have any of the following exposures in the past 6 months?\*

Domestic travel (outside state of normal residence)\*

If yes, please specify state.\*

CO

Date of Departure\* <sup>?</sup>   Unknown

Date of Arrival\* <sup>?</sup>   Unknown

+ Add Domestic Travel

International travel\*

If yes, please specify country.

Select...

### Adding Multiple Domestic Travel Details

5. Click **Add Domestic Travel** to log the details for multiple domestic trips.

Domestic travel (outside state of normal residence)\*

Yes  No  Unknown

If yes, please specify state.\*

CO

Date of Departure\* 03/31/2024  Unknown

Date of Arrival\* 04/01/2024  Unknown

**+ Add Domestic Travel**

15. To delete an additional domestic travel section, click the **Trash Bin Icon** located at the top right.

Domestic Travel Details

If yes, please specify state.\*

Select...

Date of Departure\* mm/dd/yyyy  Unknown

Date of Arrival\* mm/dd/yyyy  Unknown

**+ Add Domestic Travel**

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

International travel\*

Yes  No  Unknown

If yes, please specify country.

Select...

Date of Departure mm/dd/yyyy  Unknown

Date of Arrival mm/dd/yyyy  Unknown

**+ Add International Travel**

16. If **Yes** is selected, the subsequent field is enabled. Select the **country in which the patient traveled** from the dropdown menu: *If yes, please specify country*.

International travel\*

Yes  No  Unknown

If yes, please specify country.\*

Select...

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina

Date of Departure Date of Arrival

7. Enter the **Date of Departure** and the **Date of Arrival** in the appropriate fields.

International travel\*  
    
If yes, please specify country.\*  
Canada  
Date of Departure\*   Unknown  
Date of Arrival\*   Unknown

### Adding Multiple International Travel Details

8. Click **Add International Travel** to log the details for multiple international trips.

International travel\*  
    
If yes, please specify country.\*  
Canada  
Date of Departure\*   Unknown  
Date of Arrival\*   Unknown

17. To delete an additional international travel section, click the **Trash Bin Icon** located at the top right.

International Travel Details   
If yes, please specify country.\*  
Select...  
Date of Departure\*   Unknown  
Date of Arrival\*   Unknown

9. Select the **appropriate answer** for the field: *Cruise or vessel travel as passenger or crew member*.

Cruise or vessel travel as passenger or crew member\*  
    
If yes, please specify cruise ship.  
Date of Departure   Unknown  
Date of Arrival   Unknown

18. If **Yes** is selected, the subsequent field is enabled. Enter the **name of the cruise ship or vessel** in the subsequent textbox: *If yes, please specify cruise ship.*

10. Enter the **Date of Departure** and the **Date of Arrival** in the appropriate fields.

Cruise or vessel travel as passenger or crew member\*

Yes  No  Unknown

If yes, please specify cruise ship.\* ?

Date of Departure\* ?   Unknown

Date of Arrival\* ?   Unknown

+ Add Cruise or Vessel Travel

### Adding Multiple Cruise or Vessel Travel Details

11. Click **Add Cruise or Vessel Travel** to log the details for multiple cruise or vessel trips.

Cruise or vessel travel as passenger or crew member\*

Yes  No  Unknown

If yes, please specify cruise ship.\* ?

Carnival Cruise

Date of Departure\* ?   Unknown

Date of Arrival\* ?   Unknown

+ Add Cruise or Vessel Travel

19. To delete an additional cruise or vessel travel section, click the **Trash Bin Icon** located at the top right.

Cruise or vessel travel as passenger or crew member\*


Yes  No  Unknown

If yes, please specify cruise ship.\* ?

Carnival Cruise

Date of Departure\* ?   Unknown

Date of Arrival\* ?   Unknown

Cruise or Vessel Travel Details 

If yes, please specify cruise ship.\* ?

Date of Departure\* ?   Unknown

Date of Arrival\* ?   Unknown

+ Add Cruise or Vessel Travel

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

- *Is the workplace critical infrastructure (e.g., healthcare setting, grocery store)*
- *Adult congregate living facility (nursing, assisted living or long-term care facility)*
- *Educational establishment (e.g., school/daycare)*
- *Correctional facility*
- *Community event/mass gathering*
- *Incarceration*

**+ Add Cruise or Vessel Travel**

**Is the workplace critical infrastructure (e.g., healthcare setting, grocery store)\***

If yes, please specify workplace setting. ?

**Adult congregate living facility (nursing, assisted living or long-term care facility)\***

If yes, please specify the nursing, assisted living or long-term care facility. ?

**Educational establishment (e.g., school/daycare)\***

If yes, please specify the name of the educational establishment. ?

**Correctional facility\***

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

**Community event/mass gathering\***

If yes, please specify name of community event/mass gathering. ?

**Incarceration\***

If yes, please specify. ?

If yes, please provide the history of incarceration. ?

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

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

Correctional facility\*

If yes, please specify the name of correctional facility.\* ⓘ

13. Select the **appropriate answer** for the field: *Recent sexual contact*.

Recent sexual contact\*

If yes, please specify number of sexual partners.

Select... ▼

14. If **Yes** is selected for the *Recent sexual contact* field, the subsequent field is enabled. Select the **number of sexual partners** from the subsequent dropdown menu: *If yes, please specify the number of sexual partners.*

Recent sexual contact\*

If yes, please specify number of sexual partners.\*

Select... ▼

- 0
- 1
- 2
- 3
- 4
- 5
- 6

If the patient has any needle stick injuries, please specify the locations on the body. Please select all that apply. ⓘ

Select... ▼

15. Select the **appropriate answer** for the field: *Tattoos*.

Tattoos\*  
    
If yes, please specify the setting. ⓘ  
Select...  
If other, please specify. ⓘ

16. If **Yes** is selected for the *Tattoos* field, the subsequent field is enabled. Select the **setting of the tattoo** from the subsequent dropdown menu: *If yes, please specify the setting*.

Tattoos\*  
    
If yes, please specify the setting.\* ⓘ  
Select...  
Corrections setting  
Homemade/Unlicensed artist  
Licensed parlor  
Other  
If the patient has any needle stick injuries, please specify the locations on the body. Please select all that apply. ⓘ  
Select...

17. If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **setting of the tattoo** in the subsequent textbox: *If other, please specify*.

Tattoos\*  
    
If yes, please specify the setting.\* ⓘ  
Other  
If other, please specify.\* ⓘ

18. Select the **appropriate answer** for the field: *Needle stick injuries*.

Needle stick injuries\*  
    
If the patient has any needle stick injuries, please specify the locations on the body. Please select all that apply. ⓘ  
Select...  
If other, please specify. ⓘ



19. If **Yes** is selected for the *Needle stick injuries* field, the subsequent field is enabled. Select the **location(s) on the patient's body where needle stick injuries occurred** from the subsequent multiselect dropdown menu: *If the patient has any needle stick injuries, please specify the locations on the body. Please select all that apply.*

20. If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **other location(s) on the patient's body where needle stick injuries occurred** in the subsequent textbox: *If other, please specify.*

- 21. Select the **appropriate answer** for the field: *Has the patient tested positive for HIV?*
- 22. Select the **appropriate answer** for the field: *History of administration of human immunodeficiency virus pre-exposure prophylaxis.*
- 23. Select the **appropriate answer** for the field: *Is the patient immunocompromised?*
- 24. Select the **appropriate answer** for the field: *Reinfection of Mpox.*

**Please Note:** The following criteria must be met for the *Reinfection of Mpox* field:

1. Healthy tissue has replaced the site of all lesions after they have scabbed and fallen off; **AND**
2. New lesions are present which have tested positive for Orthopoxvirus or Mpox virus DNA by molecular methods or genomic sequencing.

25. Select the **appropriate answer** from the dropdown menu: *Sexual orientation*.

26. If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **patient's other sexual orientation** in the subsequent textbox: *If other, please specify*.

27. Select the **appropriate answer** for the field: *Known contact with the same diagnosis or similar symptoms*.

28. If **Yes** is selected for the *Known contact with the same diagnosis or similar symptoms* field, the subsequent fields are enabled:

- Enter the **patient’s relationship to the contact** in the subsequent textbox: *If yes, please specify the relationship.*
- Enter the **contact’s First Name, Last Name, and contact information** in the subsequent textbox: *If yes, please enter the name and contact information.*

Known contact with same diagnosis or similar symptoms\*

If yes, please specify the relationship.\* ?

If yes, please enter the name and contact information.\* ?

29. Select the **appropriate answer** for the field: *Recent history of sexually transmitted disease.*

Recent history of sexually transmitted disease\*

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

Is this part of an outbreak?\*

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

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

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

If yes, please specify the relationship.\* ?

If yes, please enter the name and contact information.\* ?

Recent history of sexually transmitted disease\*

Is this part of an outbreak?\*

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

## 6 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   Unknown Discharge Date   Unknown

Still hospitalized

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

Yes No Unknown

Admission Date to ICU   Unknown Discharge Date from ICU   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

2. If **Yes** is selected for the conditional question, the subsequent hospitalization-related and ICU-related fields on the screen are enabled. You must enter 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\*   Unknown Discharge Date\*   Unknown

Still hospitalized

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

Yes No Unknown

Admission Date to ICU   Unknown Discharge Date from ICU   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

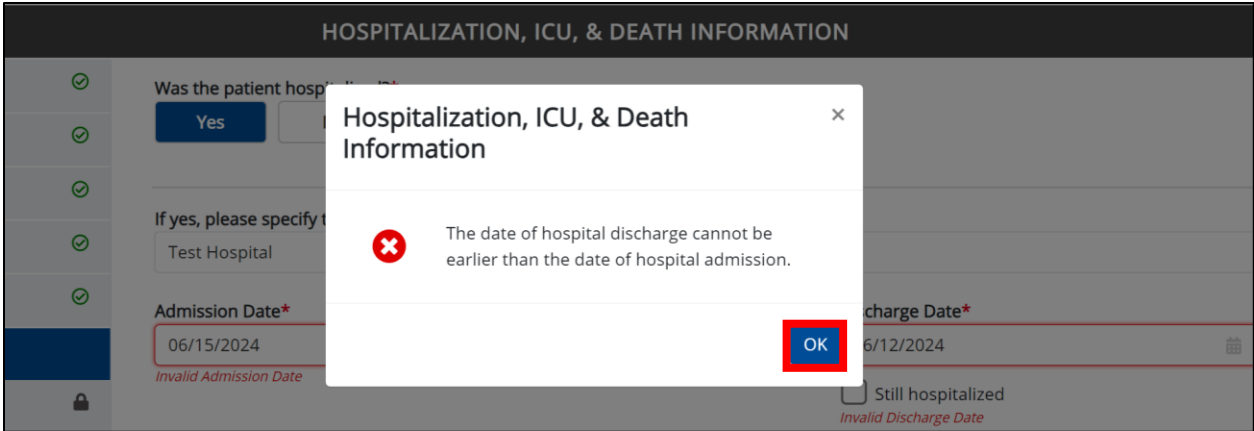
**Please Note:** If **No** or **Unknown** is selected for the conditional question, all subsequent hospitalization-related and ICU-related fields are disabled. Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

**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.

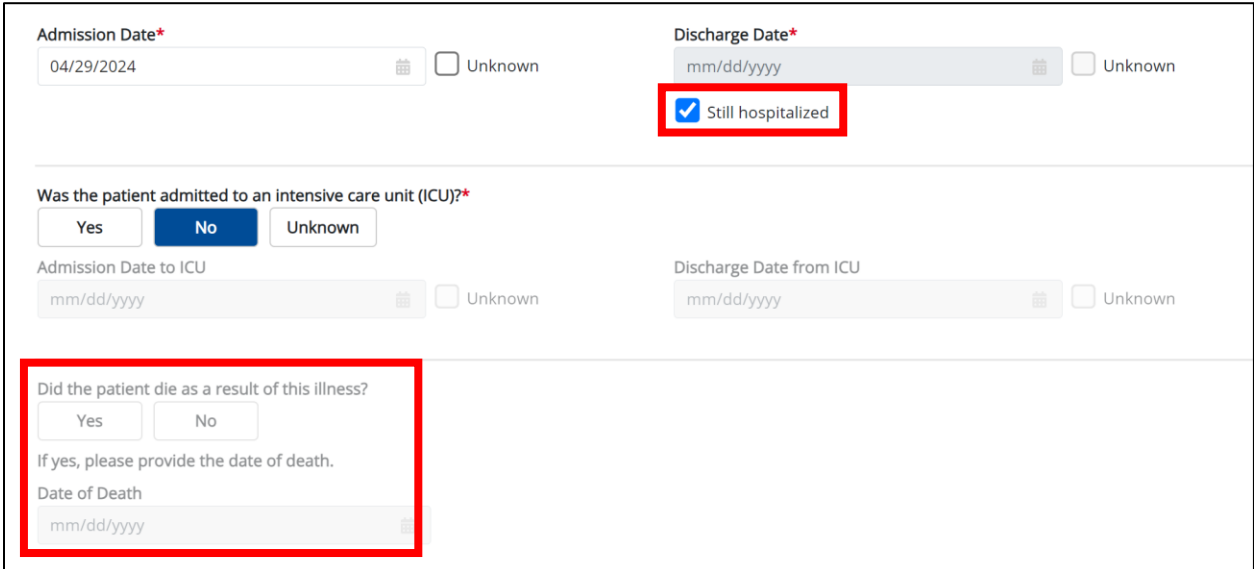
If you enter an Admission Date that occurs after the Discharge Date and click **Next**, both fields are marked as invalid, and the screen is grayed out and displays a pop-up message that states:

*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.



**Please Note:** If the **Still Hospitalized** checkbox is selected under the *Discharge Date* field, the subsequent death-related fields are disabled.



- 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

## 7 Vaccination History

1. On the **Vaccination History** screen, select the **appropriate answer** for the conditional question at the top: *Is the patient vaccinated for the condition being reported?*

**VACCINATION HISTORY**

Is the patient vaccinated for the condition being reported?\*

Yes  No  Unknown

Vaccine Details

If yes, please provide vaccine name. ?  
Select...

If other, please specify. ?  
\_\_\_\_\_

If yes, please enter the number of doses. ?  
Select...

Date Administered (1st dose)   Unknown

Date Administered (2nd dose)   Unknown

Date Administered (3rd dose)   Unknown

+ Add Vaccine

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

**OTHER REPORTABLE CONDITIONS CASE REPORT FORM** Section 6 of 9

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

**VACCINATION HISTORY**

Is the patient vaccinated for the condition being reported?\*

Yes  No  Unknown

Vaccine Details

If yes, please provide vaccine name.\* ?  
Select...

If other, please specify. ?  
\_\_\_\_\_

If yes, please enter the number of doses.\* ?  
Select...

Date Administered (1st dose)   Unknown

Date Administered (2nd dose)   Unknown

Date Administered (3rd dose)   Unknown

+ Add Vaccine

**Please Note:** If **No** or **Unknown** is selected for the conditional question, all subsequent fields are disabled.

- 3. Select the **appropriate vaccine name** from the subsequent dropdown menu: *If yes, please provide vaccine name.*

Vaccine Details

If yes, please provide vaccine name.\* ?

Select...

- Other
- vaccinia (smallpox)
- vaccinia (smallpox) diluted
- Vaccinia, smallpox Mpox vaccine live, PF, SQ or ID injection

mm/dd/yyyy  Unknown      mm/dd/yyyy  Unknown

Date Administered (3rd dose)

mm/dd/yyyy  Unknown

- 4. If **Other** is selected, the subsequent field is enabled. Enter the **vaccine name** in the subsequent textbox field: *If other, please specify.*

Vaccine Details

If yes, please provide vaccine name.\* ?

Other

If other, please specify.\* ?

If yes, please enter the number of doses.\* ?

Select...

- 5. For the subsequent textbox field: *If yes, please enter the number of doses,* select the **number of doses received** from the dropdown menu: *If yes, please enter the number of doses.*

Vaccine Details

If yes, please provide vaccine name.\* ?

Other

If other, please specify.\* ?

Other vaccine

If yes, please enter the number of doses.\* ?

Select...

- 1
- 2
- 3

mm/dd/yyyy  Unknown

+ Add Vaccine



- 6. If **1** is selected as the number of doses, the *Date Administered (1<sup>st</sup> dose)* field is enabled. Enter the **Date Administered (1<sup>st</sup> Dose)**.

- 7. If **2** is selected as the number of doses, both of the subsequent fields are enabled: *Date Administered (1<sup>st</sup> dose)* and *Date Administered (2<sup>nd</sup> dose)*. Enter the **Date Administered (1st dose)** and **Date Administered (2nd dose)** in the appropriate fields.

- 8. If **3** is selected as the number of doses, the following subsequent fields are enabled: *Date Administered (1<sup>st</sup> dose)*, *Date Administered (2<sup>nd</sup> dose)*, and *Date Administered (3<sup>rd</sup> dose)*. Enter the **Date Administered (1st dose)**, **Date Administered (2nd dose)**, and **Date Administered (3rd dose)** in the appropriate fields.

### Adding Multiple Vaccines

- 9. Click **Add Vaccine** to log the details for multiple vaccines.


10. To delete an additional vaccine, click the **Trash Bin Icon** located at the top right.

If yes, please enter the number of doses.\* ⓘ  
1

Date Administered (1st dose)\*  
mm/dd/yyyy  Unknown

Date Administered (2nd dose)  
mm/dd/yyyy  Unknown

Date Administered (3rd dose)  
mm/dd/yyyy  Unknown

Vaccine Details 

If yes, please provide vaccine name.\* ⓘ  
Select...

If other, please specify. ⓘ  
[Text Field]

If yes, please enter the number of doses.\* ⓘ  
Select...

Date Administered (1st dose)  
mm/dd/yyyy  Unknown

Date Administered (2nd dose)  
mm/dd/yyyy  Unknown

Date Administered (3rd dose)  
mm/dd/yyyy  Unknown

+ Add Vaccine

Save Previous Next

11. Once complete, click **Next** to proceed to the **Treatment Information** screen.

VACCINATION HISTORY

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU, & Death Information

Vaccination History

Treatment Information

Additional Comments

Review & Submit

Is the patient vaccinated for the condition being reported?\*

Yes No Unknown

Vaccine Details

If yes, please provide vaccine name.\* ⓘ  
Other

If other, please specify.\* ⓘ  
Other vaccine

If yes, please enter the number of doses.\* ⓘ  
1

Date Administered (1st dose)\*  
mm/dd/yyyy  Unknown

Date Administered (2nd dose)  
mm/dd/yyyy  Unknown

Date Administered (3rd dose)  
mm/dd/yyyy  Unknown

+ Add Vaccine

Save Previous Next

## 8 Treatment Information

1. On the **Treatment Information** screen, select the **appropriate answer** for the conditional question at the top: *Is the patient undergoing any treatment for the condition being reported?*

The screenshot shows the 'TREATMENT INFORMATION' screen. On the left is a navigation menu with items: Patient Information, Laboratory Information, Applicable Symptoms, Additional Information, Hospitalization, ICU, & Death Information, Vaccination History, Treatment Information (highlighted), Additional Comments, and Review & Submit. The main content area features a conditional question: 'Is the patient undergoing any treatment for the condition being reported?\*' with three buttons: 'Yes', 'No', and 'Unknown'. The 'Yes' button is highlighted with a red box. Below the question are several input fields: 'Treatment Start Date' (with a calendar icon and an 'Unknown' checkbox), 'Medication' (a dropdown menu), 'If other, please specify.' (a text area), 'Frequency' (a text area), and 'Additional Information' (a larger text area with a character count of 0/300). At the bottom is an 'Add Treatment' button.

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

This screenshot shows the same 'TREATMENT INFORMATION' screen as above, but with the 'Yes' button selected. The 'Yes' button is now highlighted in blue. The subsequent fields are now active and enabled, as indicated by the red box around the entire form area. The 'Treatment Start Date\*' field now has an asterisk, the 'Medication\*' dropdown has an asterisk, and the 'Frequency\*' text area has an asterisk. The 'Additional Information' field also has an asterisk. The character count remains 0/300. The 'Add Treatment' button is still present at the bottom.

**Please Note:** If **No** or **Unknown** is selected for the conditional question, all subsequent fields are disabled.

- 3. Enter the **Treatment Start Date** for Mpox.
- 12. If the onset date is unknown, click the **Unknown** checkbox.

- 4. Select the appropriate **Medication** from the *Medication* dropdown menu.

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Name of the Medication** in the subsequent textbox: *If other, please specify.*

- 5. Enter the **Frequency** in the textbox.

- 6. If applicable, enter **additional notes about the treatment** in the *Additional Information* textbox.

### Adding Multiple Treatments

- 4. Click **Add Treatment** to log the details for multiple treatments. This means that you can easily enter additional treatment details on the same patient.

Additional Information ⓘ

0/300 Characters

**+ Add Treatment**

**Please Note:** When you click the **Add Treatment** button, you must enter the details for at least one treatment.

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

Treatment Information

Treatment Start Date\*  
mm/dd/yyyy  Unknown

Medication\*  
Select...

If other, please specify:

Frequency\*

Additional Information ⓘ  
0/300 Characters

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

Save Previous **Next**

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

## 9 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](mailto: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.

