

VERSION: The version of this Message Mapping Guide is Version 2.01 dated February 22, 2010.

"This artifact is considered to be a technical document. Please contact PHINTech@cdc.gov, copying the NEDSS team at NEDSS@cdc.gov for assistance with this artifact."

This Message Mapping Guide describes the content and message mapping specifications for the limited set of data elements used to communicate information to meet the requirements for Varicella Case Notifications to CDC. The intended audiences for this document are the state/local and CDC programs and other public health related organizations interested in using the HL7 V2.5 case notification message specification for transmitting their data elements.

References

National Condition Reporting, Notifiable Events and Reporting Mechanisms for 2010, Division of Integrated Surveillance Systems and Services, National Center for Public Health Informatics, Centers for Disease Control and Prevention, January 2010.

National Notification Message Structure Specification version 2.0 is used to inform the mapping methodology for this guide. The ORU^R01 - Unsolicited Observation Message is the HL7 standard message used to pass the Nationally Notifiable Condition Report message. The National Notification message is used to convey a limited data set of investigation/surveillance information to meet national reporting requirements, where CDC is the only receiver. This document specifies the structure and methodology for the use of the Health Level 7 (HL7) Version 2.5 Unsolicited Result Message (ORU^R01) that supports the electronic interchange of any Nationally Notifiable Condition message from public health entities to the CDC.

Column	Description
Program Variables Column Headings	
PHIN Variable ID	PHIN data element identifier obtained from the coding system PH_PHINQuestions_CDC
Label	Short name for the data element, which is passed in the message
Description	Description of the data element. It may not match exactly with the description in PHIN Questions, because there may be local variations of the description that do not change the basic concept being mapped to the PHIN Question identifier.
Data Type	Data type for the variable response expected by the program area. Data Types are Coded, Numeric, Date or Date/time, and Text.
CDC Priority	Indicator whether the program specifies the field as: R - Required - Mandatory for sending the message. If data element is not present, the message will error out. P - Preferred - This is an optional variable and there is no requirement to send this information to CDC. However, if this variable is already being collected by the state/territory or if the state/territory is planning to collect this information because it is deemed important for your own programmatic needs, CDC would like this information sent. CDC preferred variables are the most important of the optional variables to be earmarked for CDC analysis/assessment, even if sent from a small group of states. O - Optional - This is an optional variable and there is no requirement to send this information to CDC. This variable is considered nice-to-know if the state/territory already collects this information or is planning to collect this information, but has a lower level of importance to CDC than the preferred classification of optional data elements.
May Repeat	Indicator whether the response to the data element may repeat. "Y" in the field indicates that it may repeat. If the response does not repeat, the field is not populated or contains "N". Data elements that repeat require special processing.
Value Set Name	Name of the pre-coordinated value set in PHIN-VADS from which the response is obtained. The value sets and coding systems are accessible through the Public Health Information Network Vocabulary Access and Distribution Services. To obtain the valid code set and coding systems for the Varicella Message Mapping Guide, complete the following steps: 1. Go to http://phinvads.cdc.gov . 2. Click on the Views hyperlink. 3. Enter Varicella in the lookup box and select the Search Views button. 4. Click on Details next to Varicella Case Notification to obtain the valid code set.
Value Set Code	Code for the pre-coordinated value set in PHIN-VADS from which the response is obtained. The value sets and coding systems are accessible through the Public Health Information Network Vocabulary Access and Distribution Services. To obtain the valid code set for the Varicella Message Mapping Guide, complete the following steps: 1. Go to http://phinvads.cdc.gov . 2. Click on the Views hyperlink. 3. Enter Varicella in the lookup box and select the Search Views button. 4. Click on Details next to Varicella Case Notification to obtain the valid code set.
Message Mapping Methodology Column Headings	
Message Context	Specific HL7 segment and field mapping for the element
HL7 Data Type	HL7 data type used by PHIN to express the variable. Datatypes expected are CWE, SN, TS, ST, TX, XPN, XTN, or XAD, depending on the type of data being passed.
HL7 Optionality	Indicates if the field is required, optional, or conditional in a segment. The only values that appear in the Message Mapping are: R – Required. Must always be populated O – Optional. May optionally be populated.
Implementation Notes	Related implementation comments

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
NOT101	Notification Type	Type of notification. Notification types are "Individual Case," "Environmental," "Summary," and "Laboratory Report".	Coded	R		Notification Section Header	PHVS_NotificationSectionHeader_CDC	Second OBR Segment-OBR-4-Universal Service ID.	CE	R	Literal Value: 'NOTF^Individual Case Notification^CDCPHINVS' No UID or label is passed in the message.
NOT103	Date First Submitted	Date/time the notification was first sent to CDC. This value does not change after the original notification.	Date/time	R				OBR-7-Observation Date/time.	TS	R	The same value is used for each OBR segment, and the UID and label are not passed in the message.
NOT106	Date of Report	Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	Date/time	R				OBR-22-Result Report/Status Chg Date/time.	TS	R	The same value is used for each OBR segment, and the UID and label are not passed in the message.
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent	Coded	R		Nationally Notifiable Disease Surveillance System (NNDSS) and Other Conditions of Public Health Importance	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS	OBR-31-Reason for Study.	CE	R	Default value in each OBR instance: '10030^Varicella^NND'
Subject Related											
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	P				PID-7-Date/Time of Birth	TS	O	The UID and label are not passed in the message.
DEM113	Subject's Sex	Subject's current sex	Coded	P		Sex (MFU)	PHVS_Sex_MFU	PID-8-Administrative Sex	IS	O	The UID and label are not passed in the message.
DEM152	Race Category	Field containing one or more codes that broadly refer to the subject's race(s).	Coded	P	Y	Race Category	PHVS_RaceCategory_CDC	PID-10-Race	CE	O	To send an "Unknown" value, populate the first 3 components of the CE datatype with 'UNK^Unknown^NULLFL'. The UID and label are not passed in the message.
DEM165	Subject Address County	County of residence of the subject	Coded	P		County	PHVS_County_FIPS_6-4	PID-11.9-Patient Address - County	IS	O	The entire address construct (PID-11) may repeat per HL7, but only expecting the first instance to be populated and parsed.
DEM162	Subject Address State	State of residence of the subject	Coded	O		State	PHVS_State_FIPS_5-2	PID-11.4-Patient Address - State	ST	O	The entire address construct (PID-11) may repeat per HL7, but only expecting the first instance to be populated and parsed.
DEM163	Subject Address ZIP Code	ZIP Code of residence of the subject	Text	O				PID-11.5-Patient Address - Postal Code	ST	O	The entire address construct (PID-11) may repeat per HL7, but only expecting the first instance to be populated and parsed.

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DEM155	Ethnic Group Code	Based on the self-identity of the subject as Hispanic or Latino	Coded	P		Ethnicity Group	PHVS_EthnicityGroup_CDC	PID-22-Ethnic Group	CE	O	To send an "Unknown" value, populate the first 3 components of the CE datatype with 'UNK^Unknown^NULLFL'. The UID and label are not passed in the message.
DEM126	Country of Birth	Country of Birth	Coded	O		Country	PHVS_Country_ISO_3166-1	Observation/OBX Segment with this variable ID and label	CWE	O	
Case Related											
NOT109	Reporting State	State reporting the notification.	Coded	R		State	PHVS_State_FIPS_5-2	Observation/OBX Segment with this variable ID and label	CWE	O	Two-digit numeric FIPS code
NOT113	Reporting County	County reporting the notification.	Coded	R		County	PHVS_County_FIPS_6-4	Observation/OBX Segment with this variable ID and label	CWE	O	Five-digit numeric FIPS code
NOT116	National Reporting Jurisdiction	National jurisdiction reporting the notification to CDC. This will be the same value as NOT109 Reporting State for all reporting jurisdictions except New York City.	Coded	R		National Reporting Jurisdiction	PHVS_NationalReportingJurisdiction_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Coded	O				Observation/OBX Segment with this variable ID and label	CWE	O	Jurisdiction Code is expected in the fifth component of the CWE datatype.
INV109	Case Investigation Status Code	Status of the investigation	Coded	O		Case Investigation Status	PHVS_CaseInvestigationStatus_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
INV111	Date Reported	Date that a health department first suspected that the subject might have Varicella	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
INV114	Reporting Source Name	Name of the provider reporting the case (typically the patient's primary care provider)	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
INV118	Reporting Source ZIP Code	ZIP Code of the reporting source for this case.	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
INV128	Hospitalized	Was patient hospitalized because of this event?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
INV129	Hospital Name	Name of the healthcare facility in which the subject was hospitalized.	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	

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INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
INV143	Illness Onset Age	Age at onset of illness	Numeric	P				Observation/OBX Segment with this variable ID and label	SN	O	
INV144	Illness Onset Age Units	Age units at onset of illness	Coded	O		Age Unit	PHVS_AgeUnit_UCUM	OBX-6-Units	CE	O	Part of the INV143 Observation/OBX Segment. The UID and label are not passed in the message.
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
INV146	Date of death	The date and time the subject's death occurred.	Date	P				Observation/OBX Segment with this variable ID and label	TS	O	
INV147	Investigation Start Date	The date the case investigation was initiated	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
INV150	Case Outbreak Indicator	Denotes whether the reported case was associated with an identified outbreak	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
INV151	Case Outbreak Name	A state-assigned name for an identified outbreak	Coded	P				Observation/OBX Segment with this variable ID and label	CWE	O	Case Outbreak Name is expected in the fifth component of the CWE datatype.
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Coded	R		Case Class Status	PHVS_CaseClassStatus_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R				Observation/OBX Segment with this variable ID and label	SN	O	
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R				Observation/OBX Segment with this variable ID and label	TS	O	
INV172	City/County Case Number	The local official identification number for the case. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	P				Observation/OBX Segment with this variable ID and label	ST	O	
INV173	State Case Number	The official identification number for the case commonly known as the RVCT number. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

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INV200	Legacy Case ID	CDC uses this field to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.)	Text	P				Observation/OBX Segment with this variable ID and label	CWE	O	Legacy Case ID is expected in the fifth component of the CWE datatype. For a NETSS case ID, please use the following format: Case ID(6) - State(2) - Site(3) - Year(4) ex: Caseld01LAB2009
INV2001	Age at case investigation	Subject age at time of case investigation.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
INV2002	Age units at case investigation	Subject age units at time of case investigation	Coded	O		Age unit	PHVS_AgeUnit_UCUM	OBX-6-Units	CE	O	Part of the INV2001 Observation/OBX Segment. The UID and label are not passed in the message.
Varicella Specific											
VAR100	Number of lesions in total	Choose the numeric range within which a count of the patient's lesions falls. Note that if "Unknown" is sent, the HL7 Flavor of Null UNK value is sent.	Coded	P		Number Of Lesions (VZ)	PHVS_NumberOfLesions_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	To send an "Unknown" value, populate the first 3 components of the CWE datatype with 'UNK^Unknown^NULLFL'.
VAR163	Number of lesions if less than 50	Number of lesions if less than 50	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
VAR101	Did the patient receive Varicella-containing vaccine	Indicate whether the patient received varicella-containing vaccine; a value of Yes or No enables other fields in this section, allowing for answers to their questions.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR145	Reason why patient did not receive Varicella-containing vaccine	If the value in Did the patient receive varicella-containing vaccine? is No, choose the reason why the patient did not receive the vaccine; if none of the specific choices in the list apply, choose Other.	Coded	O		Vaccine Not Given Reason	PHVS_VaccineNotGivenReasons_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR146	Other reason why patient did not receive Varicella-containing vaccine	If the value specified in Reason why patient did not receive varicella-containing vaccine is Other, indicate the reason (a reason other than those provided in the list).	Text	O				Observation/OBX Segment with this variable ID and label	TX	O	
VAR147	Number of doses received on or after first birthday	If the value in Did the patient receive varicella-containing vaccine? is Yes, indicate the number of doses received on or after the patient's first birthday.	Numeric	P				Observation/OBX Segment with this variable ID and label	SN	O	
VAR162	Reason patient is >= 6 years old and received one dose on or after 6th birthday but never received second dose	Reason patient is >= 6 years old and received one dose on or after 6th birthday but never received second dose. Choose from the list the reason the patient never received the second dose; if none of the specific choices in the list apply, choose Other."	Coded	O		Vaccine Not Given Reason	PHVS_VaccineNotGivenReasons_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

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VAR149	Other reason patient did not receive second dose	If the value specified in Reason patient is >= 6 years old and received one dose on or after 6th birthday but never received second dose is Other, indicate the reason (a reason other than those provided in the list).	Text	O				Observation/OBX Segment with this variable ID and label	TX	O	
VAR102	Rash Onset Date	Date on which the physical manifestations of the illness—the rash—appeared	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR103	Rash Location	The distribution of the rash on the body	Coded	O		Rash Distribution (VZ)	PHVS_RashDistribution_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR104	Dermatome	If a value of <i>Focal</i> is specified in the Rash Location field, enter the nerve where the rash occurred (lumbar or thoracic, with a number)	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR105	Location First Noted	If a value of <i>Generalized</i> is specified for the Rash Location field, choose location where rash was first noted (if any); if none of the specific choices in the list apply, choose Other.	Coded	O	Y	Rash Location First Noted (VZ)	PHVS_RashLocationFirstNoted_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR106	Other Generalized rash location	If a value of <i>Other</i> is specified in the Location First Noted, enter the location (i.e., the location where the rash was first noted is other than one of the values provided in the Location First Noted list)	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR107	Macules Present	If the value specified in Total Number of Lesions is < 50, indicate whether macules were present.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR108	Number of Macules	If the value specified in Macules Present is Yes, indicate how many macules were present.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
VAR109	Papules Present	If the value specified in Total Number of Lesions is < 50, indicate whether papules were present.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR110	Number of Papules	If the value specified in Papules Present is Yes, indicate how many papules were present.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
VAR111	Vesicles Present	If the value specified in Total Number of Lesions is < 50, indicate whether vesicles were present.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR112	Number of Vesicles	If the value specified in Vesicles Present is Yes, indicate how many vesicles were present.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
VAR113	Mostly macular/papular	Indicate whether the lesions were mostly macular/papular.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR114	Mostly vesicular	Indicate whether the lesions were mostly vesicular.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR115	Hemorrhagic	Indicate whether the rash was hemorrhagic.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR116	Itchy	Indicate whether the patient complained of itchiness.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR117	Scabs	Indicate whether there were scabs.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

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VAR118	Crops/Waves	Indicate whether the lesions appeared in crops or waves.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR119	Did rash crust	Indicate whether the rash crusted.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR120	Number of Days until lesions crusted over	If the value specified in Did the rash crust? is Yes , enter the number of days that transpired for all of the lesions to crust over.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
VAR121	Number of Days rash lasted	If the value specified in Did the rash crust? is No , enter the number of days that the rash was present.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
VAR122	Fever	Indicate whether the patient had a fever during the course of the illness.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR123	Fever Onset Date	If the value specified in Did patient have fever? is Yes , indicate the date when the fever began.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR124	Highest measured temperature	If the value specified in Did patient have fever? is Yes , indicate the highest temperature that was measured.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
INV2003	Temperature Units	Temperature Units (Fahrenheit or Celsius).	Coded	O		Temperature Unit	PHVS_TemperatureUnit_UCUM	maps to VAR124 observation/OBX segment as the value in <i>OBX-6-Units</i> ; the variable ID and label do not appear	CE	O	
VAR125	Fever Duration in Days	If the value specified in Did patient have fever? is Yes , indicate the number of days for which the patient had a fever.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
VAR126	Is patient immunocompromised due to medical condition or treatment	Indicate whether the patient was immunocompromised (anergic).	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR127	Medical Condition or Treatment	If Yes, indicate the medical condition or treatment associated with the patient being immunocompromised	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR128	Did patient visit a healthcare provider during this illness	Indicate whether the patient visited a healthcare provider during the course of this illness.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR129	Did patient develop any complications that were diagnosed by a healthcare provider?	If the value specified in Did patient visit a healthcare provider during this illness? is Yes , indicate whether the patient developed complications (as described).	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR130	Skin/soft tissue infection	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether there was skin or soft tissue infection.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR131	Cerebellitis/ ataxia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether there was cerebellitis/ataxia.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

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VAR132	Encephalitis	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether there was encephalitis.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR133	Dehydration	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether the patient was diagnosed as being dehydrated.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR134	Hemorrhagic condition	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether there was hemorrhagic condition.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR135	Pneumonia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether pneumonia was a complication.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR136	How was pneumonia diagnosed	If the value in Pneumonia? is Yes , indicate how the pneumonia was diagnosed.	Coded	O		Diagnosed Pneumonia By (VZ)	PHVS_DiagnosedPneumoniaBy_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR137	Other complications	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether there were other complications not cited here.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR138	Other complication details	If the value specified in Other Complications? is Yes, list the other complication(s)	Text	O				Observation/OBX Segment with this variable ID and label	TX	O	
VAR139	Antiviral treatment	Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR140	Name of medication	If the value specified in Antiviral? is yes, list the name of the medication.	Coded	O		Medication Received (VZ)	PHVS_MedicationReceived_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR210	Name of the Medication if 'Other'	If Name of Medication is 'other', indicate name of medication	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR141	Start Date of Medication	Start date of medication.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR142	Stop Date of medication	Stop date of medication.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR143	Autopsy performed	If a value of Yes is specified in Did the patient die from this illness or complications associated with this illness?, indicate whether an autopsy was performed for the death.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR144	Cause of death	If a value of Yes is specified in Did the patient die from this illness or complications associated with this illness?, indicate the official cause of death.	Text	O				Observation/OBX Segment with this variable ID and label	TX	O	
VAR150	Diagnosed with Varicella before	Indicate whether the patient has a prior diagnosis of varicella.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
VAR151	Age at diagnosis	Age at diagnosis	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
INV2072	Age at diagnosis units	Age at diagnosis units	Coded	O		Age Unit	PHVS_AgeUnit_UCUM	populates OBX-6 Units field of same Observation/OBX Segment as age (VAR151) - does not pass variable ID or label	CE	O	
VAR152	Previous Case Diagnosed by	Indicate who diagnosed the illness; if none of the choices apply choose <i>Other</i> .	Coded	O		Diagnosed By (VZ)	PHVS_DiagnosedBy_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR153	Previous Case Diagnosed by Other	If the value specified in Previous Case Diagnosed by is <i>Other</i> , indicate who diagnosed the case	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR154	Is this case epi-linked to another confirmed or probable case	Indicate whether this case is epi-linked to another case (confirmed or probable).	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR155	Type of case this case is epi-linked to	If the value specified in Is this case epi-linked to another confirmed or probable case? is <i>Yes</i> , indicate the kind of case with which the current case is epi-linked.	Coded	O		Epi-linked Case Type (VZ)	PHVS_Epi-linkedCaseType_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR156	Transmission setting (setting of exposure)	Location where the patient was exposed to the illness; if none of the specific choices in the list apply, choose <i>Other</i> .	Coded	O		Transmission Setting	PHVS_TransmissionSetting_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR157	Other transmission setting	If the value specified in Transmission Setting? is <i>Other</i> , describe the other transmission setting.	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR158	Is this case a healthcare worker	Indicate whether the patient who is the subject of the current case is a healthcare worker.	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR159	Number of weeks gestation	If the patient was pregnant during the illness, indicate the number of weeks of gestation at the onset of the illness.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	
VAR160	Trimester	If the patient was pregnant during the illness, indicate the trimester at the onset of the illness.	Coded	O		Pregnancy Trimester	PHVS_PregnancyTrimester_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR170	Was laboratory testing done for varicella?	Was laboratory testing done for varicella?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR171	Direct fluorescent antibody (DFA)?	Was direct fluorescent antibody (DFA) testing performed?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR172	Date of DFA	Date of DFA	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR173	DFA Result	DFA Result	Coded	O		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR174	PCR specimen?	PCR specimen?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR175	Date of PCR specimen	Date of PCR specimen	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR176	Source of PCR specimen	Source of PCR specimen	Coded	O		PCR Specimen Source (VZ)	PHVS_PCRSpecimenSource_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
VAR177	Specify other PCR source	Specify other PCR source	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR178	PCR Result	PCR Result	Coded	O		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	To send an "Other" value, populate the first 3 components of the CWE datatype with 'OTH^Other^NULLFL'
VAR179	Specify other PCR result	Specify other PCR result	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR180	Culture performed?	Culture performed?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR181	Date of Culture Specimen	Date of Culture Specimen	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR182	Culture Result	Culture Result	Coded	O		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR183	Was other laboratory testing done?	Was other laboratory testing done?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR184	Specify Other Test	Specify Other Test	Coded	O		Lab Test Method (VZ)	PHVS_LabTestMethod_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR185	Date of Other test	Date of Other test	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR186	Other Lab Test Result	Other Lab Test Result	Coded	O		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR187	Other Test Result Value	Other Test Result Value	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR188	Serology performed?	Serology performed?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR189	IgM performed?	IgM performed?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR190	Type of IgM Test	Type of IgM Test	Coded	O		IgM Test Type (VZ)	PHVS_IgMTestType_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR191	Specify Other IgM Test	Specify Other IgM Test	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR192	Date IgM Specimen Taken	Date IgM Specimen Taken	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR193	IgM Test Result	IgM Test Result	Coded	O		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR194	IgM Test Result Value	IgM Test Result Value	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR195	IgG performed?	IgG performed?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
VAR196	Type of IgG Test	Type of IgG Test	Coded	O		IgG Test Type (VZ)	PHVS_IgGTestType_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR197	If "Whole Cell ELISA," specify manufacturer	If "Whole Cell ELISA," specify manufacturer	Coded	O		Whole Cell ELISA Manufacturer (VZ)	PHVS_WholeCellELISAManufacturer_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR198	If "gp ELISA" specify manufacturer	If "gp ELISA" specify manufacturer	Coded	O		gp ELISA Manufacturer (VZ)	PHVS_gpELISAManufacturer_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR199	Specify Other IgG Test	Specify Other IgG Test	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR200	Date of IgG - Acute	Date of IgG - Acute	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR201	IgG - Acute Result	IgG - Acute Result	Coded	O		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR202	IgG - Acute Test Result Value	IgG - Acute Test Result Value	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR203	Date of IgG - Convalescent	Date of IgG - Convalescent	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR204	IgG - Convalescent Result	IgG - Convalescent Result	Coded	O		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR205	IgG - Convalescent Test Result Value	IgG - Convalescent Test Result Value	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
VAR206	Were the specimens sent to the CDC for genotyping (molecular typing)?	Were the specimens sent to the CDC for genotyping (molecular typing)?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR207	Date sent for genotyping	Date sent for genotyping	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
VAR208	Was specimen sent for strain (wild- or vaccine-type) identification?	Was specimen sent for strain (wild- or vaccine-type) identification?	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
VAR209	Strain Type	Strain Type	Coded	O		Strain Type VZ	PHVS_StrainType_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
Repeating Vaccine Variables (group may repeat up to 5 times)											
VAC101	Vaccine Administered	The type of vaccine administered.	Coded	P		Vaccines Administered	PHVS_VaccinesAdministeredCVX_CDC_NIP	Observation/OBX Segment with this variable ID and label	CWE	O	component of repeating block - first group OBX-4='1', second group OBX-4='2', etc.
VAC107	Vaccine Manufacturer	Manufacturer of the vaccine.	Coded	O		Vaccine Manufacturer	PHVS_ManufacturersOfVaccinesMVX_CDC_NIP	Observation/OBX Segment with this variable ID and label	CWE	O	component of repeating block - first group OBX-4='1', second group OBX-4='2', etc.
VAC108	Vaccine Lot Number	The vaccine lot number of the vaccine administered.	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	component of repeating block - first group OBX-4='1', second group OBX-4='2', etc.

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
VAC103	Vaccine Administered Date	The date that the vaccine was administered.	Date	P				Observation/OBX Segment with this variable ID and label	TS	O	component of repeating block - first group OBX-4='1', second group OBX-4='2', etc.
End of Repeating Vaccine Variables											

Date	Version	Description
2/22/2010	2.01	Converted posted Varicella Message Mapping Guide (dated 01/27/2009) to one page format and included errata and clarifications (dated
2/22/2010	2.01	INV200: added to allow legacy data
2/22/2010	2.01	VAR155: Corrected value set code from PHVS_EpilinkedCaseTypeVZ to PHVS_EpilinkedCaseType_VZ.
2/22/2010	2.01	VAR152: Corrected value set code from PHVS_Diagnosed_By_VZ to PHVS_DiagnosedBy_VZ.
2/22/2010	2.01	VAR100: Removed reference to PID-10 in implementation note.
2/22/2010	2.01	DEM152 and DEM155: Removed confusing specific rule for population of 'Unknown' data and replaced with standard implementation note wording.
6/2/2010	2.01	Corrected INV111 Date Reported description to say Varicella and not TB.
6/2/2010	2.01	Changed Header and Footer from Measles to Varicella.