Varicella Notification Message Mapping Guide

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VERSION: VaricellaCaseNationalNotificationMapv1.0 dated 8/17/2007.

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This Message Mapping Guide describes the content and message mapping specifications for the set of data elements used to communicate information to meet the requirements for Varicella Individual Case notifications to CDC. The intended audience 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.

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 de-identified subset of investigation/surveillance information to meet national reporting requirements, where CDC is the only receiver. Additional information about the methodology utilized for national notifications as an ORU message can be found in Section 2 of the MESSAGE STRUCTURE SPECIFICATION for NATIONAL CONDITION REPORTING Version 1.0 document. 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 de-identified Nationally Notifiable Condition message from public health entities to the CDC.

References

Version 1.0 of the _Message Specification Guide_ is used to inform the mapping methodology for this guide.
Notify CDC Message–All PAMs from NEDSS PAM Platform Team. Last updated 1/26/2007.
NEDSS PAM Platform Help Guide, 11/30/2006.

Understanding the Organization of the Mapping Guide

Data Element Index	This tab provides the complete list of data elements of interest requested by the program. The last column cross-references to the tab where the data element is fully specified for messaging.
Revisions	This tab is intended to provide revision control for updates made to the document.
Key	Column descriptions for the tabs using the mapping methodology.
Subject-related	This tab provides the mapping methodology for the demographic variables requested by the program.
Generic Obs.	This tab provides the content for the generic investigation questions. The ones that are not used for this particular instance are greyed out.
Varicella Obs.	This tab provides the mapping methodology for the case/investigation content requested by the program for this specific notification.
Varicella Lab Report	This tab provides the mapping methodology for the content specific to a Varicella associated laboratory report.
Notification Structure	This tab provides the structural elements for the Notification. These variables are not negotiable. Default values are provided for HL7 structural elements that are required but not part of the surveillance data requested.
Example	This tab contains a message that conforms in structure to the Message Specification Guide and in content to this version of the Message Mapping Guide. This message is for example purposes and should not be used as the source of truth for coding, data mapping, or other content.

Variables as Observations

Other than the variables that map to the Patient Identifier segment (see Subject-Specific tab), all other variables are passed as a series of OBX-Observation/Result segments that are logically tied to the OBR-Observation Request "section header" segment that immediately precedes it. This content presents the real differences between the messages since all types of Notifications are handled in a standard manner up to this point.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
CORE DEMOGRAPHIC DATA ELEMENTS								
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O				Subject-related
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown		Subject-related
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race		Subject-related
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes		Subject-related
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes		Subject-related
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O				Subject-related
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic		Subject-related
ADDITIONAL DEMOGRAPHIC DATA ELEMENTS REQUESTED FOR VARICELLA								Subject-related
DEM126	Birth Country	Patient's country of birth.	Code	O				Subject-related
GENERIC NOTIFICATION DATA ELEMENTS								
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code		Generic Observations
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R				Generic Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		10030 Varicella (Chickenpox)		Generic Observations
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R				Generic Observations
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned		Generic Observations
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O				Generic Observations
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O				Generic Observations
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O				Generic Observations
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O				Generic Observations
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown		Generic Observations
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O				Generic Observations
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O				Generic Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O				Generic Observations
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O				Generic Observations
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				Generic Observations
INV143	Illness Onset Age	Age at onset of illness	Numeric	O				Generic Observations
INV144	Illness Onset Age Units	Age units at onset of illness	Code	O		Days Months Weeks Years		Generic Observations
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown		Generic Observations
INV146	Date of death	The date and time the subject's death occurred.	Date	O				Generic Observations
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O				Generic Observations
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown		Generic Observations
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code		Generic Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R				Generic Observations
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)		Generic Observations
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O				Generic Observations
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O				Generic Observations
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown		Generic Observations
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R				Generic Observations
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years		Generic Observations
ADDITIONAL INVESTIGATION DATA ELEMENTS REQUESTED FOR VARICELLA								Generic Observations
DEM126	Birth Country	Patient's country of birth.	Code	O				Generic Observations
INV129	Hospital Name	Name of the healthcare faciility in which the subject was hospitalized.	Alphanumeric	O				Generic Observations
INV114	Reporting Source Name	Name of the provider reporting the case (typically the patient's primary care provider)	Alphanumeric	O				Generic Observations
INV115a	Reporting Source Address Line 1	Reporting source street address Line 1	Alphanumeric	O				Generic Observations
INV115b	Reporting Source Address Line 2	Reporting source street address Line 2	Alphanumeric	O				Generic Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV116	Reporting Source Address City	Reporting source address city	Code	O				Generic Observations
INV117	Reporting Source Address State	Reporting source address state	Code	O				Generic Observations
INV119	Reporting Source Address County	Reporting source address county	Code	O				Generic Observations
INV122	Reporting Source Telephone Number	Reporting source telephone number	Alphanumeric	O				Generic Observations
NOT113	Reporting County	County reporting the notification.	Code	R				Generic Observations
INV2006	Case Close Date	Date the case investigation status was marked as Closed.	Date	O				Generic Observations
VARICELLA SPECIFIC DATA ELEMENTS								Varicella Observations
VAR100	Number of lesions in total	Choose the numeric range within which a count of the patient's lesions falls.	Code	R		< 50 50 - 249 250 - 499 > 500		Varicella Observations
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.	Code	R		Yes No Unknown		Varicella Observations
VAR102	Rash Onset Date	Date on which the physical manifestations of the illness—the rash—appeared	Date	O				Varicella Observations
VAR103	Rash Location	The anatomical location where the rash was located	Code	O		Generalized Focal Unknown		Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
VAR104	Dermatome	If a value of *Focal* is specified in the Rash Location field, enter the nerve where the rash occurred (lumbar or thoracic, with a number)	Alphanumeric	O				Varicella Observations
VAR105	Location First Noted	If a value of *Generalized* 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.	Code	O		Inside Mouth Legs Arms Truck Face/Head Other		Varicella Observations
VAR106	Other Generalized rash location	If a value of *Other* 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)	Alphanumeric	O				Varicella Observations
VAR107	Macules Present	If the value specified in Total Number of Lesions is *< 50*, indicate whether macules were present.	Code	O		Yes No Unknown		Varicella Observations
VAR108	Number of Macules	If the value specified in Macules Present is *Yes*, indicate how many macules were present.	Numeric	O				Varicella Observations
VAR109	Papules Present	If the value specified in Total Number of Lesions is *< 50*, indicate whether papules were present.	Code	O		Yes No Unknown		Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
VAR110	Number of Papules	If the value specified in Papules Present is *Yes*, indicate how many papules were present.	Numeric	O				Varicella Observations
VAR111	Vesicles Present	If the value specified in Total Number of Lesions is *< 50*, indicate whether vesicles were present.	Code	O		Yes No Unknown		Varicella Observations
VAR112	Number of Vesicles	If the value specified in Vesicles Present is *Yes*, indicate how many vesicles were present.	Numeric	O				Varicella Observations
VAR113	Mostly macular/papular	Indicate whether the lesions were mostly macular/papular.	Code	O		Yes No Unknown		Varicella Observations
VAR114	Mostly vesicular	Indicate whether the lesions were mostly vesicular.	Code	O		Yes No Unknown		Varicella Observations
VAR115	Hemorrhagic	Indicate whether the rash was hemorrhagic.	Code	O		Yes No Unknown		Varicella Observations
VAR116	Itchy	Indicate whether the patient complained of itchiness.	Code	O		Yes No Unknown		Varicella Observations
VAR117	Scabs	Indicate whether there were scabs.	Code	O		Yes No Unknown		Varicella Observations
VAR118	Crops/Waves	Indicate whether the lesions appeared in crops or waves.	Code	O		Yes No Unknown		Varicella Observations
VAR119	Did rash crust	Indicate whether the rash crusted.	Code	O		Yes No Unknown		Varicella Observations

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Data Element Index

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
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				Varicella Observations
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				Varicella Observations
VAR122	Fever	Indicate whether the patient had a fever during the course of the illness.	Code	O		Yes No Unknown		Varicella Observations
VAR123	Fever Onset Date	If the value specified in Did patient have fever? is *Yes*, indicate the date when the fever began.	Date	O				Varicella Observations
VAR124	Highest measured temperature	If the value specified in Did patient have fever? is *Yes*, indicate the highest temperature that was measured.	Numeric	O				Varicella Observations
INV2003	Temperature Units	Temperature Units (Fahrenheit or Celsius).	Code	O		Fahrenheit Celsius		Varicella Observations
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				Varicella Observations
VAR126	Is patient immunocompromised due to medical condition or treatment	Indicate whether the patient was immunocompromised (anergic).	Code	O		Yes No Unknown		Varicella Observations

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Data Element Index

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
VAR127	Medical Condition or Treatment	If the value specified in Is patient immunocompromised due to medical condition or treatment? is *Yes*, indicate the medical condition or treatment associated with the patient being anergic.	Alphanumeric	O				Varicella Observations
VAR128	Did patient visit a healthcare provider during this illness	Indicate whether the patient visited a healthcare provider during the course of this illness.	Code	O		Yes No Unknown		Varicella Observations
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).	Code	O		Yes No Unknown		Varicella Observations
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.	Code	O		Yes No Unknown		Varicella Observations
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.	Code	O				Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
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.	Code	O				Varicella Observations
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.	Code	O				Varicella Observations
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.	Code	O				Varicella Observations
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.	Code	O		Yes No Unknown		Varicella Observations
VAR136	How was pneumonia diagnosed	If the value in Pneumonia? is *Yes*, indicate how the pneumonia was diagnosed.	Code	O		Medical Doctor Radiographic imaging procedure Unknown		Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
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.	Code	O		Yes No Unknown		Varicella Observations
VAR138	Other complication details	If the value specified in Other Complications? is true, list the other complication(s).	Alphanumeric	O				Varicella Observations
VAR139	Antiviral treatment	Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral.	Code	O		Yes No Unknown		Varicella Observations
VAR140	Name of medication	If the value specified in Antiviral? is yes, list the name of the medication.	Alphanumeric	O				Varicella Observations
VAR141	Start Date of Medication	Start date of medication.	Date	O				Varicella Observations
VAR142	Stop Date of medication	Stop date of medication.	Date	O				Varicella Observations
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.	Code	O		Yes No Unknown		Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
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.	Alphanumeric	O				Varicella Observations
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.	Code	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown		Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
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).	Alphanumeric	O				Varicella Observations
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 (before the patient's first birthday).	Numeric	O				Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
VAR148	Reason patient is >= 13 years old and received one dose on or after 13th birthday but never received second dose	Reason patient is >= 13 years old and received one dose on or after 13th birthday, but never received second dose.	Code	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown		Varicella Observations
VAR149	Other reason patient did not receive second dose	If the value specified in Number of doses received on or after first birthday is *1* (one), 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*.	Alphanumeric	O				Varicella Observations
VAR150	Diagnosed with Varicella before	Indicate whether the patient has a prior diagnosis of varicella.	Code	O		Yes No Unknown		Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
VAR151	Age at diagnosis	Age at diagnosis	Numeric	O				Varicella Observations
INV2072	Age at diagnosis units	Age units of patient	Code	O		Days Months Weeks Years		Varicella Observations
VAR152	Diagnosed by	Indicate who diagnosed the illness; if none of the choices apply choose *Other*.	Code	O		Other Parent/Friend Physician/Health Care Provider		Varicella Observations
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).	Code	O		Yes No Unknown		Varicella Observations
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 *Yes*, indicate the kind of case with which the current case is epi-linked.	Code	O		Confirmed Varicella Case Herpes Zoster Case Probable Varicella Case		Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
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 *Other*.	Code	O		Athletics Place of Worship College Community Correctional Facility Daycare Doctor's Office Hospital ER Home Military Hospital outpatient clinic Other School International Travel Unknown Hospital Ward Work		Varicella Observations
VAR157	Other transmission setting	If the value specified in Transmission Setting? is *Other*, describe the other transmission setting.	Alphanumeric	O				Varicella Observations
VAR158	Is this case a healthcare worker	Indicate whether the patient who is the subject of the current case is a healthcare worker.	Code	O		Yes No Unknown		Varicella Observations
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				Varicella Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
VAR160	Trimester	If the patient was pregnant during the illness, indicate the trimester at the onset of the illness.	Code	O		First trimester Second trimester Third trimester		Varicella Observations
								Varicella Lab Report
VARICELLA LAB REPORT SPECIFIC DATA ELEMENTS								
LAB143	Reporting Lab Name	Name of Laboratory that reported test result.	Alphanumeric	O				Varicella Lab Report
LAB144	Reporting Lab CLIA Number	CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.	Alphanumeric	O				Varicella Lab Report
LAB163	Date of Specimen Collection	The date the specimen was collected.	Date	O				Varicella Lab Report
LAB503	Date Sample Received at Lab	Date Sample Received at Lab (accession date).	Date	O				Varicella Lab Report
LAB108	Sample Analyzed date	The date and time the sample was analyzed by the laboratory.	Date	O				Varicella Lab Report
LAB197	Lab Report Date	Date result sent from Reporting Laboratory.	Date	O				Varicella Lab Report
LAB334	Date received in state public health lab	Date the isolate was received in state public health laboratory.	Date	O				Varicella Lab Report
LAB125	Accession Number	A laboratory generated number that identifies the specimen related to this test.	Alphanumeric	O				Varicella Lab Report

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
LAB165	Specimen Source	The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.	Code	O		Blood Buccal swab Macular scraping Saliva Scab Tissue culture Urine Vesicular swab		Varicella Lab Report
LAB101	Resulted Test Name	The lab test that was run on the specimen.	Code	O		<list of VZ test codes>		Varicella Lab Report
LAB192	Coded Result Value	Coded qualitative result value.	Code	O		Not Done Unknown Indeterminate Negative Positive Pending		Varicella Lab Report
LAB508	Sent to CDC for Genotyping	Indicate whether the specimens were sent to CDC for genotyping.	Code	O		Yes No Unknown		Varicella Lab Report
LAB509	Genotyping Sent Date	If the specimen was sent to the CDC for genotyping, date on which the specimens were sent.	Date	O				Varicella Lab Report
LAB510	Sent For Strain ID	Indicate whether the specimen was sent for strain identification.	Code	O		Yes No Unknown		Varicella Lab Report
LAB511	Strain Type	If the specimen was sent for strain identification, indicate the strain.	Code	O		Unknown Vaccine Type Strain Wild Type Strain		Varicella Lab Report

Revisions

Date	Version	Description
8/8/2007	Final V 1.0	**Notification Structure tab**: Updated the value set and OID references for INV169 condition code.
8/8/2007	Final V 1.0	Added a **Data Element Index** tab that lists all of the program-specific data elements of interest. The column on the far right of the index contains a reference to the tab on which the data element is mapped to the HL7 message. Since the Valid Values are listed on this tab, the Coded Concepts column was removed from the other tabs.
8/8/2007	Final V 1.0	**Varicella Lab Report tab:** Updated the HL7 datatype for the CE observations to CWE.

Key

Column	Description
Program Variables Section	
PHIN Variable ID	PHIN element UID drawn 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 as in PHIN Questions.
Data Type	Data type for the variable response expected by the program area
Prog. Req/Opt	Indicator whether the program specifies the field as: **R** - Required - mandatory for sending the message **O** - Optional - if the data is available it should be passed
May Repeat	Indicator whether the response to the data element may repeat. "Yes" in the field indicates that it may; otherwise, the field is not populated. Repeats require special processing.
Value Set Name	Name of the pre-coordinated value set from which the response is drawn. The value sets and coding systems are accessible via the Public Health Information Network Vocabulary Access and Distribution Services at http://www.cdc.gov/PhinVSBrowser/StrutsController.do.
Data Validation	Business rules used for validating data integrity
Message Mapping Methodology Section	
Message Context	Specific HL7 segment and field mapping for the element.
HL7 Data Type	HL7 data type used by PHIN to express the variable.
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.
HL7 Repeats	Indicates whether the field may repeat. The only values that appear in the Message Mapping are: • Y – HL7 allows the field to repeat an indefinite or site-determined number of times. • N or blank – No repetition.
Implementation Notes	Related implementation comments.

Subject/Demographic Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optio nality	HL7 Repeats	Implementati on Notes
DEM115	Birth Date	Reported date of birth of patient.	Date	O				PID-7 Date/Time of Birth (does not pass Variable ID or label)	TS	O		
DEM113	Patient's sex	Patient's current sex.	Code	O		Sex (MFU)		PID-8 Administrative Sex (does not pass Variable ID or label)	IS	O		
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	Race Category		PID-10 Race (does not pass Variable ID or label)	CE	O	Y	
DEM165	Patient Address County	County of residence of the subject.	Code	O		County		PID-11.9 Patient Address - County	IS	O	Y	
DEM162	Patient Address State	Patient's address state.	Alphanu meric	O		State		PID-11.4 Patient Address - State	ST	O	Y	
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanu meric	O				PID-11.5 Patient Address - Postal Code	ST	O	Y	
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Ethnicity Group		PID-22 Ethnic Group (does not pass Variable ID or label)	CE	O		
DEM126	Birth Country	Patient's country of birth.	Code	O		Country		Observation/OBX Segment with this UID and label under the Patient Subject section header in OBR-4.	CWE	O	Y	

The generic surveillance elements that are not used for Varicella are shaded.

		Generic Surveillance Variables						Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementat ion Notes
NOT109	Reporting State	State reporting the notification.	Coded	R		State		Observation/OBX Segment with this variable ID and label	CWE	O	Y	
NOT113	Reporting County	County reporting the notification.	Code	R				Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Infectious Disease (NNID) reportable to the Nationally Notifiable Disease Surveillance System (NNDSS)	must be 10030 Varicella (Chickenpox)	(note that this is a Notification structural element, so it appears twice in this Guide)	CE	O	Y	expecting only one instance
INV168	Record ID	Unique Case Report ID (numeric only) assigned by the state.	Alphanume ric	R				see Notification Structure tab - required data element	EI	R	Y	expecting only one instance
INV172	Local Case ID	Official local (city/county) identification number for the case	Alphanume ric	O				Observation/OBX Segment with this UID and label	ST	O	Y	
INV173	State Case ID	Official state identification number for the case; used by the state and the CDC to identify the case in communications.	Alphanume ric	R				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R				Observation/OBX Segment with this variable ID and label	IS	O	Y	expecting only one instance

The generic surveillance elements that are not used for Varicella are shaded.

	Generic Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementat ion Notes
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	O				Observation/OBX Segment with this variable ID and label	IS	O	Y	
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O				Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV2006	Case Close Date	Date the case investigation status was marked as Closed.	Date	O			If the user enters the Date Closed for a case then the date must be >= Date Opened	Observation/OBX Segment with this variable ID and label	TS	O	Y	
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	Y	
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	Y	expecting only one instance
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Reporting Source Type NND		Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV114	Reporting Source Name	Name of the provider reporting the case (typically the patient's primary care provider)	Alphanumeric	O				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance
INV115a	Reporting Source Address Line 1	Reporting source street address Line 1	Alphanumeric	O				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance

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	Generic Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV115b	Reporting Source Address Line 2	Reporting source street address Line 2	Alphanumeric	O				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance
INV116	Reporting Source Address City	Reporting source address city	Code	O		City		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
INV117	Reporting Source Address State	Reporting source address state	Code	O		State		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance
INV119	Reporting Source Address County	Reporting source address county	Code	O		County		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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	Y	expecting only one instance
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	Y	expecting only one instance
INV122	Reporting Source Telephone Number	Reporting source telephone number	Alphanumeric	O				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance

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	Generic Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementat ion Notes
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown (YNU)	1) If the patient was hospitalized for this illness, then enable entry of admission date 2) If the patient was hospitalized for this illness, then enable entry of discharge date 3) If the patient was hospitalized for this illness, then enable entry of total duration of stay in the hospital in days 4) If the patient was hospitalized for this illness, then enable entry of hospital information	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
INV129	Hospital Name	Name of the healthcare faciility in which the subject was hospitalized.	Alphanumeric	O				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance
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	Y	expecting only one instance
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O			If the user enters the Discharge Date, then the date must be >= Admission Date	Observation/OBX Segment with this variable ID and label	TS	O	Y	expecting only one instance
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	Y	expecting only one instance

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Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O			1) If the user enters the Diagnosis Date, then the date must be >= Illness Onset Date 2) If the user enters the Diagnosis Date, then the date must be >= Rash Onset Date	Observation/OBX Segment with this variable ID and label	TS	O	Y	expecting only one instance
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	Y	expecting only one instance
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	Y	
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	Y	
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		Duration Unit (UCUM)		Observation/OBX Segment with this variable ID and label	CE	O	Y	
INV143	Illness Onset Age	Age at onset of illness	Numeric	O			age units required	Observation/OBX Segment with this variable ID and label	SN	O	Y	expecting only one instance
INV144	Illness Onset Age Units	Age units at onset of illness	Code	O		Age Unit		uses INV143 observation - maps to *OBX-6-Units* (does not use INV144 ID or label)	CE	O		expecting only one instance

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Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeats	Implementat ion Notes
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown (YNU)	1) If the patient died from varicella or complications (including secondary infection) associated with varicella, then enable entry of date of death (INV146) 2) If the patient died from varicella or complications (including secondary infection) associated with varicella, then enable entry of if autopsy was performed (VAR143) 3) If the patient died from varicella or complications (including secondary infection) associated with varicella, then enable entry of cause of death (VAR144)	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
INV146	Date of death	The date and time the subject's death occurred.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	Y	expecting only one instance
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	Y	expecting only one instance

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	Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation		Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementat ion Notes
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		If this case is part of an outbreak of 5 or more cases, then enable entry of outbreak name (INV151)	Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O					Observation/OBX Segment with this variable ID and label	IS	O	Y	expecting only one instance
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Disease Acquired Jurisdiction			Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		Country	if INV152 = Out of Country		Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		State	if INV152 = Out of State		Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		City	if INV152 = Out of Jurisdiction		Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		County	if INV152 = Out of Jurisdiction		Observation/OBX Segment with this variable ID and label	CWE	O	Y	

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Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementat ion Notes
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Case Transmission Mode		Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Case Detection Method		Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Case Confirmation Method		Observation/OBX Segment with this variable ID and label	CWE	O	Y	

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Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	Y	
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Case Class Status		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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	Y	expecting only one instance
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		Case Class Status		Observation/OBX Segment with this variable ID and label	TS	O	Y	expecting only one instance
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	Y	
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	Y	
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown (YNU)	1) If the case is a female and is/was pregnant, enable entry of number of weeks gestation at onset of illness (VAR159) 2) If the case is a female and is/was pregnant, enable entry of trimester at onset of illness (VAR160)	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance

The generic surveillance elements that are not used for Varicella are shaded.

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV179	PID	Indicates whether or not the patient has pelvic inflammatory disease (PID).	Code			Only valid for female patients.	Yes No Unknown (YNU)	Observation/OBX Segment with this variable ID and label	CWE	O	Y	
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R			age unit required	Observation/OBX Segment with this variable ID and label	SN	O	Y	expecting only one instance
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Age Unit		uses the INV2001 observation - maps to OBX-6-Units (does not use INV2002 ID or label)	CE	O		expecting only one instance

Varicella Case Notification Variables

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
	**Program-Specific Surveillance Variables**							**Mapping Methodology**				
VAR100	Number of lesions in total	Choose the numeric range within which a count of the patient's lesions falls.	Code	R		Number Of Lesions (VZ)	1) If Number of Lesions <50 are present, then enable entry of total number of lesions 2) If Number of Lesions <50 are present, then enable entry of Macule, Papule, and/or Vesicle type and enable entry of count for each type of count	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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.	Code	R		Yes No Unknown (YNU)	If the patient did not receive varicella-containing vaccine, then enable entry of reason why varicella-containing vaccine was not received (VAR145)	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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	Y	expecting only one instance
VAR103	Rash Location	The anatomical location where the rash was located	Code	O		Rash Distribution (VZ)	1) If Rash Location = "Focal", the enable entry of Dermatome (VAR104) 2) If Rash Location = "Generalized", the enable entry of Location First Noted (VAR105) 3) If Generalized Rash Location = "Other", the enable entry of Other Location First Noted (VAR106)	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR104	Dermatome	If a value of *Focal* is specified in the Rash Location field, enter the nerve where the rash occurred (lumbar or thoracic, with a number)	phanume	O				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance

Varicella Case Notification Variables

	Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementati on Notes
VAR105	Location First Noted	If a value of *Generalized* 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.	Code	O		Rash Location First Noted (VZ)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR106	Other Generalized rash location	If a value of *Other* 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)	phanume	O				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance
VAR107	Macules Present	If the value specified in Total Number of Lesions is < *50*, indicate whether macules were present.	Code	O		Yes No Unknown (YNU)	If Number of Lesions <50 and macules (flat lesions) are present, then enable entry of number of macules (flat lesions) VAR108	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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	Y	expecting only one instance
VAR109	Papules Present	If the value specified in Total Number of Lesions is < *50*, indicate whether papules were present.	Code	O		Yes No Unknown (YNU)	If Number of Lesions <50 and papules (raised lesions) are present, then enable entry of number of papules (raised lesions) (VAR110)	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance

Varicella Case Notification Variables

	Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation		Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
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	Y	expecting only one instance
VAR111	Vesicles Present	If the value specified in Total Number of Lesions is *< 50*, indicate whether vesicles were present.	Code	O		Yes No Unknown (YNU)	If Number of Lesions <50 and vesicles (fluid lesions) are present, then enable entry of number of vesicles (fluid lesions) VAR112		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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	Y	expecting only one instance
VAR113	Mostly macular/papular	Indicate whether the lesions were mostly macular/papular.	Code	O		Yes No Unknown (YNU)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR114	Mostly vesicular	Indicate whether the lesions were mostly vesicular.	Code	O		Yes No Unknown (YNU)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR115	Hemorrhagic	Indicate whether the rash was hemorrhagic.	Code	O		Yes No Unknown (YNU)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR116	Itchy	Indicate whether the patient complained of itchiness.	Code	O		Yes No Unknown (YNU)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR117	Scabs	Indicate whether there were scabs.	Code	O		Yes No Unknown (YNU)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR118	Crops/Waves	Indicate whether the lesions appeared in crops or waves.	Code	O		Yes No Unknown (YNU)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR119	Did rash crust	Indicate whether the rash crusted.	Code	O		Yes No Unknown (YNU)	1) If the rash crusted, then enable entry of how many days until all the lesions crusted over (VAR120) 2) If the rash did not crust, then enable entry of how many days the rash lasted (VAR121)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance

Varicella Case Notification Variables

	Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation		Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
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	Y	expecting only one instance
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	Y	expecting only one instance
VAR122	Fever	Indicate whether the patient had a fever during the course of the illness.	Code	O		Yes No Unknown (YNU)	1) If the patient had a fever, then enable entry of date of fever onset (VAR123) 2) If the patient had a fever, then enable entry of date of highest measured temperature (VAR124) 3) If the patient had a fever, then enable entry of total number of days with fever (VAR125)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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	Y	expecting only one instance
VAR124	Highest measured temperature	If the value specified in Did patient have fever? is *Yes*, indicate the highest temperature that was measured.	Numeric	O			If highest temperature measured, then enable entry of the highest measured temperature in Fahrenheit or Celsius		Observation/OBX Segment with this variable ID and label	SN	O	Y	expecting only one instance
INV2003	Temperature Units	Temperature Units (Fahrenheit or Celsius).	Code	O		Temperature Unit			maps to VAR124 observation/OBX segment as the value in *OBX-6-Units*; the variable ID and label do not appear	CE	O		

Varicella Case Notification Variables

	Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation		Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
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	Y	expecting only one instance
VAR126	Is patient immunocompromised due to medical condition or treatment	Indicate whether the patient was immunocompromised (anergic).	Code	O		Yes No Unknown (YNU)	If the patient was immunocompromised due to medical condition or treatment, then enable entry of medical condition or treatment (VAR127)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR127	Medical Condition or Treatment	If the value specified in Is patient immunocompromised due to medical condition or treatment? is *Yes*, indicate the medical condition or treatment associated with the patient being anergic.	phanume	O					Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance
VAR128	Did patient visit a healthcare provider during this illness	Indicate whether the patient visited a healthcare provider during the course of this illness.	Code	O		Yes No Unknown (YNU)	Enable Complications field (VAR129) only if patient did visit a healthcare provider		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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).	Code	O		Yes No Unknown (YNU)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance

Varicella Case Notification Variables

	Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation		Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementati on Notes
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.	Code	O		Yes No Unknown (YNU)	1) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was skin/soft tissue infection 2) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Cerebellitis/Ataxia 3) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Encephalitis 4) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Dehydration 5) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Hemorrhagic Condition 6) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Pneumonia 7) If the patient developed "other" complications that were diagnosed by a healthcare provider, then enable entry of "other" complication		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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.	Code	O					Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance

Varicella Case Notification Variables

		Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation		Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
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.	Code	O					Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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.	Code	O					Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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.	Code	O					Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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.	Code	O		Yes No Unknown (YNU)	If the patient developed any Pneumonia, then enable entry of how pneumonia was diagnosed (VAR136)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR136	How was pneumonia diagnosed	If the value in Pneumonia? is *Yes*, indicate how the pneumonia was diagnosed.	Code	O		Diagnosed Pneumonia By (VZ)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance

Varicella Case Notification Variables

Program-Specific Surveillance Variables									**Mapping Methodology**			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Req/Opt**	**May Repeat**	**Value Set Name**	**Data Validation**		**Message Context**	**HL7 Data Type**	**HL7 Option ality**	**HL7 Repeat s**	**Implementati on Notes**
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.	Code	O		Yes No Unknown (YNU)	If the patient developed "other" complications that were diagnosed by a healthcare provider, then enable entry of "other" complication (VAR138)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR138	Other complication details	If the value specified in Other Complications? is true, list the other complication(s).	phanume	O					Observation/OBX Segment with this variable ID and label	TX	O	Y	expecting only one instance
VAR139	Antiviral treatment	Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral.	Code	O		Yes No Unknown (YNU)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR140	Name of medication	If the value specified in Antiviral? is yes, list the name of the medication.	phanume	O					Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance
VAR141	Start Date of Medication	Start date of medication.	Date	O					Observation/OBX Segment with this variable ID and label	TS	O	Y	expecting only one instance
VAR142	Stop Date of medication	Stop date of medication.	Date	O					Observation/OBX Segment with this variable ID and label	TS	O	Y	expecting only one instance
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.	Code	O		Yes No Unknown (YNU)			Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance

Varicella Case Notification Variables

	Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation		Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeats	Implementati on Notes
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.	phanume	O					Observation/OBX Segment with this variable ID and label	TX	O	Y	expecting only one instance
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.	Code	O		Vaccine Not Given Reason	If the Vaccine Not Given reason is other, enable Other reason why patient did not receive Varicella-containing vaccine (VAR146)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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).	phanume	O					Observation/OBX Segment with this variable ID and label	TX	O	Y	expecting only one instance
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 (before the patient's first birthday).	Numeric	O					Observation/OBX Segment with this variable ID and label	SN	O	Y	expecting only one instance

Varicella Case Notification Variables

	Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation		Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementati on Notes
VAR148	Reason patient is >= 13 years old and received one dose on or after 13th birthday but never received second dose	Reason patient is >= 13 years old and received one dose on or after 13th birthday, but never received second dose.	Code	O		Vaccine Not Given Reason	If the patient is >= 13 years old and received one dose on or after 13th birthday but never received second dose, then enable entry of reason why second dose was not received		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR149	Other reason patient did not receive second dose	If the value specified in Number of doses received on or after first birthday is *1* (one), 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*.	phanume	O			If the Vaccine Not Given reason (VAR148) is Other, enable Other reason why patient did not receive Varicella-containing vaccine (VAR149)		Observation/OBX Segment with this variable ID and label	TX	O	Y	expecting only one instance
VAR150	Diagnosed with Varicella before	Indicate whether the patient has a prior diagnosis of varicella.	Code	O		Yes No Unknown (YNU)	If the patient has ever been diagnosed with varicella before, then enable entry of age at diagnosis (VAR151) If the patient has ever been diagnosed with varicella before, then enable entry of age type for age at diagnosis (INV2072) If the patient has ever been diagnosed with varicella before, then enable entry of who the patient was diagnosed by (VAR152)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR151	Age at diagnosis	Age at diagnosis	Numeric	O					Observation/OBX Segment with this variable ID and label	SN	O	Y	expecting only one instance

Varicella Case Notification Variables

	Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV2072	Age at diagnosis units	Age units of patient	Code	O		Age Unit		populates OBX-6 Units field of same Observation/OBX Segment as age (VAR151) - does not pass variable ID or label	CE	O		
VAR152	Diagnosed by	Indicate who diagnosed the illness; if none of the choices apply choose *Other*.	Code	O		Diagnosed By (VZ)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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).	Code	O		Yes No Unknown (YNU)	If this case is epi-linked to another confirmed or probably case, then enable entry of type of case linked to (VAR155)	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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 *Yes*, indicate the kind of case with which the current case is epi-linked.	Code	O		Epilinked Case Type (VZ)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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 *Other*.	Code	O		Transmission Setting	If Transmission Setting = "Other", enable Specify other transmission setting (VAR157)	Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
VAR157	Other transmission setting	If the value specified in Transmission Setting? is *Other*, describe the other transmission setting.	phanume	O				Observation/OBX Segment with this variable ID and label	ST	O	Y	expecting only one instance

Varicella Case Notification Variables

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
				Program-Specific Surveillance Variables				Mapping Methodology				
VAR158	Is this case a healthcare worker	Indicate whether the patient who is the subject of the current case is a healthcare worker.	Code	O		Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance
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	Y	expecting only one instance
VAR160	Trimester	If the patient was pregnant during the illness, indicate the trimester at the onset of the illness.	Code	O		Pregnancy Trimester		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance

These variables are not negotiable. Default values are provided for HL7 structural elements that are required but not part of the surveillance data requested.

Notification Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeats	Implementation Notes
NOT108	Notification ID	The unique identifier for the notification record.	Alphanumeric	R				MSH-10-Message Control ID. No UID or label is passed in the message.	ST	R		HL7 recommended size increased to 50
DEM197	Local patient ID	The local ID of the patient/entity.	Alphanumeric	R				PID-3.1 Patient Identifier List – ID Number PID-3.4 Assigning Authority format <localID&OID&ISO> Does not pass Variable ID or label.	CX	R	Y	Only the sending system's internally assigned patient id used for these de-identified messages
DEM100	Patient name type	Name is not requested by the program, but the Patient Name field is required to be populated for the HL7 message to be valid. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.	Coded	R		Name Type (HL7)		PID-5.7 Patient Name Type - second instance (does not pass Variable ID or label). HL7 reserves the first instance of the name for Legal Name.	XPN	R	Y	Literal value: I~^^^^^S|
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R				OBR-3-Filler Order Number where OBR-3.1 is the internally assigned case/investigation ID, OBR-3.3 is the OID for sending application as assigning authority, and OBR-3.4 is the literal value 'ISO'. The UID and label are not passed in the message.	EI	R		<same value in each OBR instance>
NOT099	Subject Type	Type of subject for the notification.	Coded	R		Notification Section Header		OBR|1|: Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message.	CE	R		Literal Value: 'PERSUBJ^Person Subject^2.16.840.1 .114222.4.5.274'

Notification Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeats	Implementation Notes
NOT101	Notification Type	Type of notification. Main notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Coded	R		Notification Section Header		OBR|2|: Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message.	CE	R		Literal Value: 'NOTF^Case Notification^2.16.840.1.114222.4.5.274'
NOT098	Supplemental Notification Type	Supplemental Notification Types which may optionally be passed are "Associated Laboratory Report" and "Associated Vaccine Report". Multiple reports may be passed.	Coded	O	Y	Notification Section Header		OBR|3|: Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message.	CE	R		Literal Value: 'LABRPT^Associated Laboratory Report^2.16.840.1.114222.4.5.274'
NOT103	Date First Submitted	Date the notification was first sent to CDC. This value does not change after the original notification.	Date/time	R				Maps to the HL7 attribute OBR-7-Observation Date/time. No UID or label is passed in the message.	TS	R		<same value in each OBR instance>
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				Maps to the HL7 attribute OBR-22-Result Report/Status Chg Date/time. No UID or label is passed in the message.	TS	R		<same value in each OBR instance>
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Infectious Disease (NNID) reportable to the Nationally Notifiable Disease Surveillance System (NNDSS)		Maps to HL7 attribute OBR-31-Reason for Study. The UID and label are not passed in the message.	CE	O	Y - expecting only one	Default value in each OBR instance: '10030^Varicella Infection^2.16.840.1.1142224.5.277'

This is the set of variables that may be passed if the Case Notification has an associated Laboratory report. The laboratory report is not required to be included with the Notification. A notification may also contain more than one Associated Laboratory Report section.

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeats	Implementatio n Notes
LAB143	Reporting Lab Name	Name of Laboratory that reported test result.	Alphanume ric	O				Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	ST	O	Y	expecting only one instance
LAB144	Reporting Lab CLIA Number	CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.	Alphanume ric	O				Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	ST	O	Y	expecting only one instance
LAB163	Date of Specimen Collection	The date the specimen was collected.	Date	O				Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	TS	O	Y	expecting only one instance
LAB503	Date Sample Received at Lab	Date Sample Received at Lab (accession date).	Date	O				Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	TS	O	Y	expecting only one instance
LAB108	Sample Analyzed date	The date and time the sample was analyzed by the laboratory.	Date	O				Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	TS	O	Y	expecting only one instance
LAB197	Lab Report Date	Date result sent from Reporting Laboratory.	Date	O				Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	TS	O	Y	expecting only one instance
LAB334	Date received in state public health lab	Date the isolate was received in state public health laboratory.	Date	O				Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	TS	O	Y	expecting only one instance
LAB125	Accession Number	A laboratory generated number that identifies the specimen related to this test.	Alphanume ric	O				Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	ST	O	Y	expecting only one instance

This is the set of variables that may be passed if the Case Notification has an associated Laboratory report. The laboratory report is not required to be included with the Notification. A notification may also contain more than one Associated Laboratory Report section.

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeats	Implementatio n Notes
LAB165	Specimen Source	The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.	Code	O		Specimen		Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	CWE	O	Y	expecting only one instance
LAB101	Resulted Test Name	The lab test that was run on the specimen.	Code	O		Lab Test Result Name		Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	CWE	O	Y	expecting only one instance
LAB192	Coded Result Value	Coded qualitative result value.	Code	O		Modifier or Qualifier		Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	CWE	O	Y	expecting only one instance
LAB508	Sent to CDC for Genotyping	Indicate whether the specimens were sent to CDC for genotyping.	Code	O		Yes No Unknown (YNU)		Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	CWE	O	Y	expecting only one instance
LAB509	Genotyping Sent Date	If the specimen was sent to the CDC for genotyping, date on which the specimens were sent.	Date	O				Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	TS	O	Y	expecting only one instance
LAB510	Sent For Strain ID	Indicate whether the specimen was sent for strain identification.	Code	O		Yes No Unknown (YNU)		Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	CWE	O	Y	expecting only one instance
LAB511	Strain Type	If the specimen was sent for strain identification, indicate the strain.	Code	O		StrainType (VZ)		Observation/OBX segment under OBR|3| with Universal Service ID of 'LABRPT'	CWE	O	Y	expecting only one instance

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MSH|^~\&|^2.16.840.1.114222.TBD^ISO|^2.16.840.1.114222.TBD^ISO|^2.16.840.1.114222.4.3.2.3^ISO|^2.16.840.1.114222^ISO|200701112222100||ORU^R01^ORU_R01|N31000036|[
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OBX|7|TS|INV147^Investigation Start Date^2.16.840.1.114222.4.5.232||20060512||||||F<CR>
OBX|8|CWE|VAR100^Number of lesions in total^2.16.840.1.114222.4.5.232||PHC222^Less than 50^2.16.840.1.114222.4.5.274^LESSTN50^^L||||||F<CR>
OBX|9|CWE|VAR101^Did the patient receive Varicella-containing vaccine^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
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OBX|12|CWE|INV163^Case Class Status Code^2.16.840.1.114222.4.5.232||410605003^Confirmed^2.16.840.1.113883.6.96^C^^L||||||F<CR>
OBX|13|SN|INV165^MMWR Week^2.16.840.1.114222.4.5.232||^15||||||F<CR>
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OBX|17|ST|INV115b^Reporting Source Street Address Line 2^2.16.840.1.114222.4.5.232||Street Address Line 2||||||F<CR>
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OBX|30|CWE|VAR103^Rash Location^2.16.840.1.114222.4.5.232||87017008^Focal^2.16.840.1.113883.6.96^F^^L||||||F<CR>
OBX|31|ST|VAR104^Dermatome^2.16.840.1.114222.4.5.232||entire upper trunk||||||F<CR>
OBX|32|CWE|VAR105^Where Rash First Noted^2.16.840.1.114222.4.5.232||22943007^Trunk Structure^2.16.840.1.113883.6.96^T^^L|||||||F<CR>
OBX|33|ST|VAR106^Other Generalized rash location^2.16.840.1.114222.4.5.232||other generalized rash location text||||||F<CR>
OBX|34|CWE|VAR107^Macules Present^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|35|SN|VAR108^Number of Macules^2.16.840.1.114222.4.5.232||^44||||||F<CR>
OBX|36|CWE|VAR109^Papules Present^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||||||F<CR>
OBX|37|SN|VAR110^Number of Papules^2.16.840.1.114222.4.5.232||^5||||||F<CR>
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OBX|39|SN|VAR112^Number of Vesicles^2.16.840.1.114222.4.5.232||^15||||||F<CR>
OBX|40|CE|VAR113^Mostly macular/papular^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|41|CWE|VAR114^Mostly vesicular^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136||||||F<CR>
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OBX|43|CWE|VAR116^Itchy^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|44|CWE|VAR117^Scabs^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|45|CWE|VAR118^Crops/Waves^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|46|CWE|VAR119^Did rash crust^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
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OBX|47|SN|VAR120^Number of Days until lesions crusted over^2.16.840.1.114222.4.5.232||^4||||||F<CR>
OBX|48|SN|VAR121^Number of Days rash lasted^2.16.840.1.114222.4.5.232||^9||||||F<CR>
OBX|49|CWE|VAR122^Fever^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|50|TS|VAR123^Fever Onset Date^2.16.840.1.114222.4.5.232||20060427||||||F<CR>
OBX|50|SN|VAR124^Highest measured temperature^2.16.840.1.114222.4.5.232||^101.3|[degF]^[degF] - degree Fahrenheit - temperature^2.16.840.1.113883.6.8^F^^L|||||F<
OBX|52|SN|VAR125^Number of Days until lesions crusted over^2.16.840.1.114222.4.5.232||^9||||||F<CR>
OBX|53|CWE|VAR126^Is patient immunocompromised due to medical condition or treatment^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|54|ST|VAR127^Medical Condition or Treatment^2.16.840.1.114222.4.5.232||patient is a kidney transplant recipient and is on corticosteroids||||||F<CR>
OBX|55|CWE|VAR128^Did patient visit a healthcare provider during this illness^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|56|TS|VAR129^Did the patient develop any complications that were diagnosed by a healthcare provider^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.13(
OBX|57|CWE|VAR130^Skin/soft tissue infection^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136>||||||F<CR>
OBX|58|CWE|VAR131^Cerebellitis/ataxia^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136>||||||F<CR>
OBX|59|CWE|VAR132^Encephalitis^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136||||||F<CR>
OBX|60|CWE|VAR133^Dehydration^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|61|CWE|VAR134^Hemorrhagic condition ^2.16.840.1.114222.4.5.2324||N^No^2.16.840.1.113883.12.136||||||F<CR>
OBX|62|CWE|VAR135^Pneumonia^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|63|CWE|VAR136^How was pneumonia diagnosed^2.16.840.1.114222.4.5.232||112247003^Medical Doctor^2.16.840.1.113883.6.96^MD^^L||||||F<CR>
OBX|64|CWE|VAR137^Were there other complications^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|65|TX|VAR138^Other complication details^2.16.840.1.114222.4.5.232||other complications text||||||F<CR>
OBX|66|CWE|VAR139^Was patient treated with acyclovir, famvir, or any licensed antiviral for this illness^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.13
OBX|67|TX|VAR140^Name of medication^2.16.840.1.114222.4.5.232||Acyclovir||||||F<CR>
OBX|68|TS|VAR141^Start Date of Medication^2.16.840.1.114222.4.5.232||20060517||||||F<CR>
OBX|69|TS|VAR142^Stop Date of Medication^2.16.840.1.114222.4.5.232||20060530||||||F<CR>
OBX|70|CWE|INV128^Was the patient hospitalized as a result of this event^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|71|TS|INV132^Admission Date^2.16.840.1.114222.4.5.232||20060518||||||F<CR>
OBX|72|TS|INV133^Discharge Date^2.16.840.1.114222.4.5.232||20060521||||||F<CR>
OBX|73|SN|INV134^Duration of stay in days^2.16.840.1.114222.4.5.232||^3||||||F<CR>
OBX|74|ST|INV129^Hospital Name^2.16.840.1.114222.4.5.232||Generic Medical Center||||||F<CR>
OBX|75|CWE|INV145^Did the patient die from the illness or complications of the illness^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|76|CWE|VAR143^Autopsy performed^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|77|TX|VAR144^Cause of death^2.16.840.1.114222.4.5.232||cause of death long text field||||||F<CR>
OBX|78|CWE|VAR145^Reason why patient did not receive Varicella-containing vaccine^2.16.840.1.114222.4.5.232||PHC95^Parent/Patient refusal^2.16.840.1.114222.4.5.2
OBX|79|TX|VAR146^Other reason why patient did not receive Varicella-containing vaccine^2.16.840.1.114222.4.5.232||Other reason why patient did not receive Varice
OBX|80|SN|VAR147^Number of doses received on or after first birthday^2.16.840.1.114222.4.5.232||^1||||||F<CR>
OBX|81|CWE|VAR148^Reason patient is >= 13 years old and received one dose on or after 13th birthday but never received second dose^2.16.840.1.114222.4.5.232||OTH
OBX|82|TX|VAR149^Other reason patient did not receive second dose^2.16.840.1.114222.4.5.232||Other reason patient did not receive second dose long text field|||
OBX|83|CWE|VAR150^Has this patient ever been diagnosed with Varicella before^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|84|SN|VAR151^Age at Varicella diagnosis^2.16.840.1.114222.4.5.232||^12| a^Years^2.16.840.1.113883.6.8^Y^^L|||||F<CR>
OBX|85|CWE|VAR152^Diagnosed by^2.16.840.1.114222.4.5.232||PHC17^Physician/Health Care Provider^2.16.840.1.114222.4.5.198^PHYSHCPR^Physician/Health Care Provider'
OBX|86|CWE|VAR154^Is this case epi-linked to another confirmed or probable case^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|87|CWE|VAR155^Type of case this case is epi-linked to^2.16.840.1.114222.4.5.232||PHC167^Herpes Zoster Case^2.16.840.1.114222.4.5.274^HERPZOST^Herpes Zoster (
OBX|88|CWE|VAR156^Transmission setting^2.16.840.1.114222.4.5.232||133928008^Community^2.16.840.1.113883.6.96^COMMUNITY^Community^L||||||F<CR>
OBX|89|ST|VAR157^Other transmission setting^2.16.840.1.114222.4.5.232||other transmission setting text||||||F<CR>
OBX|90|CWE|VAR158^Is this case a healthcare worker^2.16.840.1.114222.4.5.232||U^Unknown^ 2.16.840.1.113883.5.1008^UNK^^L||||||F<CR>
OBX|91|CWE|INV150^Case outbreak indicator^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|92|ST|INV151^Case outbreak name^2.16.840.1.114222.4.5.232||OUTBREAKNAME||||||F<CR>
OBX|93|CWE|INV178^Pregnancy status ^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|94|SN|VAR159^Number of weeks gestation at onset of illness^2.16.840.1.114222.4.5.232||^13||||||F<CR>
OBX|95|CWE|VAR160^Trimester at Onset of Illness^2.16.840.1.114222.4.5.232||255246003^1st Trimester^2.16.840.1.113883.6.96^FIRST^^L||||||F<CR>
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OBX|1|ST|LAB143^Reporting Lab Name^2.16.840.1.114222.4.5.232||Reporting Lab Name String||||||F<CR>
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OBX|2|ST|LAB144^Reporting Lab CLIA Number^2.16.840.1.114222.4.5.232||CLIA Number||||||F<CR>
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OBX|5|TS|LAB108^Lab Result Date^2.16.840.1.114222.4.5.232||20060529||||||F<CR>
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OBX|9|CWE|LAB166^Specimen Source^2.16.840.1.114222.4.5.232||87612001^Blood^2.16.840.1.113883.6.96^87612001^^L||||||F<CR>
OBX|10|CWE|LAB101^Resulted Test Name^2.16.840.1.114222.4.5.232||10734-2^VZV Skin EM^2.16.840.1.113883.6.1^10734-2^^L||||||F<CR>
||10734-2^VZV Skin EM^2.16.840.1.113883.6.1^10734-2^^L|||||||||F<CR>
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OBX|12|CWE|VAR161^Sent to CDC for Genotyping^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|13|TS|VAR162^Genotyping Sent Date^2.16.840.1.114222.4.5.232||20060601||||||F<CR>
OBX|14|CWE|VAR163^Sent For Strain ID^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|15|CWE|VAR164^Strain Type^2.16.840.1.114222.4.5.232|| PHC126^Vaccine Type Strain^2.16.840.1.114222.4.5.274 VACCTYPE^Vaccine Type Strain^L||||||F<CR>
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tion^2.16.840.1.114222.4.5.277<CR>

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36|||||||F<CR>

274^REFUSE^Parent/Patient refusal^L|||||||F<CR>
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