



Public Health Information Network
HL7 Version 2.5

VARICELLA
CASE NOTIFICATION
MESSAGE MAPPING GUIDE

Version 2.0

January 9, 2009

Centers for Disease Control and Prevention



REVISION HISTORY

Date	Version	Description
1/10/2008	V2.0	Data Element Index - DEM114 PHIN UID corrected to DEM113 - identifier for the concept for Patient's Current Sex.
1/10/2008	V2.0	Notification Structure tab: Added specifications for default values for MSH-21 Message Profile ID.
1/10/2008	V2.0	Removed the sample message tab. Sample messages will be published separately.
6/10/2008	V2.0	Retired VAR148 and created VAR162 - the second vaccine dose age reference changed from >= 13 years old to >= 6 years old.
6/10/2008	V2.0	Removed the Varicella Lab Report tab and created Varicella-specific questions about lab confirmation of disease.
6/10/2008	V2.0	Removed the Varicella Vaccine Report tab and used the Vaccine-specific questions as a repeating section in the main notification.
6/10/2008	V2.0	VAR105 Location First Noted is multi-select, so the May Repeat column is now set to Y.
6/10/2008	V2.0	INV2001 and INV144 Values for age units: added Hours as valid values
6/10/2008	V2.0	Notification Structure tab: Removed reference to Associated Lab Report section.
6/10/2008	V2.0	VOCABULARY CHANGE: VAR100 (How many lesions were there in total?): Added "Unknown" to value set.
6/10/2008	V2.0	VOCABULARY CHANGE: VAR140 (Name of Medication): Changed datatype from Text to Coded with a pending value set including the following values: Acyclovir, Valacyclovir, Famvir, Other
6/10/2008	V2.0	<p>CHANGED the following fields from REQUIRED to PREFERRED:</p> <ul style="list-style-type: none"> - VAR101 (Did the patient receive a Varicella-containing vaccine?) - VAR100 (Number of lesions in total) <p>CHANGED the following field from OPTIONAL to PREFERRED:</p> <ul style="list-style-type: none"> - INV143 (Age at Illness Onset) - VAR147 (Number of doses received on or after 1st birthday) <p>CHANGED the following field from REQUIRED to OPTIONAL:</p> <ul style="list-style-type: none"> - INV2001 (Age at Case Investigation) - INV173 (State Case ID)
6/10/2008	V2.0	CHANGE to VAR 152 (Race Category): Need to add 'Unknown' to value set and delete 'Other Race' from value set
6/10/2008	V2.0	Added new question: VAR163 Number of lesions if <50 (numeric response)
6/10/2008	V2.0	Added INV163 Case Class Status - was used on the Generic Obs. Tab but did not appear on the Varicella Data Element Index.
7/24/2008	V2.0	VAR138 Other Complication Details - revised the Description.
7/24/2008	V2.0	VAR147 Description changed to "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" from "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)."
7/24/2008	V2.0	Added VAR153 Previous Case Diagnosed by Other data element.
8/3/2008	V2.0	Changed INV107 and INV151 from IS (user-defined code) to CWE (coded with exception) datatype. Case Notification message structure no longer supports the IS datatype in OBX-5.

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Date	Version	Description
8/12/2008	V2.0	Added as Optional element per DISSS: DEM163 Patient Address Zip.
8/12/2008	V2.0	NOT113 Reporting County changed CDC Priority from Required to Optional.
8/22/2008	V2.0	Added variable IDs created in PHIN Questions: NOT114 Receiving Application and NOT115 Message Profile ID.
10/14/2008	V2.0	Added new generic variable NOT116 National Reporting Jurisdiction. INV107 Jurisdiction remains but is used for the state-assigned jurisdiction. This field uses Reporting Area (TB) for the value set per approved Change Request
10/14/2008	V2.0	Changed OIDs for coding system references on the Notification Structure tab to HL7 Table 0396 code system mnemonics. This change affects INV169, NOT099 and NOT101, where a literal string is given in the Message Mapping Guide to be used in the message. This change does not affect OIDs in use for in the message header (NOT114 and NOT115) or OIDs used for identifier assigning authorities (DEM197 and INV168).
10/14/2008	V2.0	Notification Structure tab, NOT115 Message Profile ID: Changed the Data Type (column D) value from Coded to Text.
10/14/2008	V2.0	Subject-related tab, DEM162 Patient Address State: Changed the Data Type (column D) value from Text to Coded.
10/23/2008	V2.0	Data Element Index: Moved vaccine-specific questions VAC101, VAC107, VAC108, VAC103, VAR148, VAR146, VAR147, VAR162 to flow after VAR100 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.
10/23/2008	V2.0	Data Element Index: Moved vaccine-specific questions VAC101, VAC107, VAC108, VAC103, VAR148, VAR146, VAR147, VAR162 to flow after VAR100 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.
10/29/2008	V2.0	Generic tab only: INV134 had a value set reference that was removed. It's a numeric field and does not use a value set. INV134 on the Data Element Index did not have a value set.
10/31/2008	V2.0	Varicella tab only: VAR173 had a value set name but no value set reference. PHVS_LabTestInterpretation_CDC was added to the Value Set Code column.
12/12/2008	V2.0	Generic tab only: Updated with the Generic format from the Generic Message Mapping Guide. Content is the same but removed some of the shaded elements that were not used (INV115a, INV115b, INV116, INV117, INV119, INV122, INV172, INV2006).
12/12/2008	V2.0	Varicella tab only: Moved INV114, INV129, INV143 and INV144 to this tab from the Generic tab as indicated on the Data Element Index.
12/12/2008	V2.0	Data Element Index: Moved INV143 and INV144 from the Generic variable section to the section Additional Investigation Data Elements for Varicella.
12/23/2008	V2.0	Data Element Index and Notification Structure tab: Corrected value set name for PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS to "Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance".
1/9/2008	V2.0	Removed the HL7 Repeats column from the Key and from the Mapping Methodology spreadsheets. This information was a duplicate of information contained in the Notification Message Specification/Profile.

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1 INTRODUCTION

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 Individual Case reporting 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.

Version 2.0 of the National Notification Message Structure Specification 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 de-identified subset 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.

1.1 REFERENCES

OMB No. 0920-0728 Varicella Surveillance Worksheet Exp. Date 2/28/2011

1.2 508 COMPLIANCE

Please note that this document is the 508-compliant version of the Excel Varicella Message Mapping Guide. The content is the same but some formatting had to be re-worked.

1.3 CONTACTS

PHIN Help Desk
National Center for Public Health Informatics
Phone: 1-800-532-9929
Email: PHINTech@cdc.gov

2 DATA ELEMENT INDEX

This section provides the complete list of data elements of interest requested by the CDC. The last column cross-references to the section of this document where the data element is fully specified for HL7-compliant messaging.

2.1 NOTIFICATION STRUCTURE DATA ELEMENTS

These data elements provide the structure for all notifications by mapping consistently to fields in the HL7 message, regardless of what other content is requested.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
NOT108	Notification ID	The unique identifier for the notification record.	Text	R					3.5 Notification Structure
NOT114	Receiving Application	CDC's PHIN Common Data Store (CDS) is the Receiving Application for this message.	OID	R		PHINCDS^2.16.840.1.114222.4.3.2.10^ISO			3.5 Notification Structure
NOT115	Message Profile ID	First instance is the reference to the structural specification used to validate the message. Second instance is the reference to the PHIN Message Mapping Guide from which the content is derived.	Text	R		First instance literal value: 'NND_ORU_v2.0^PHINProfileID^2.16.840.1.114222.4.10.3^ISO' Second instance literal value: 'Var_Case_Map_v2.0^PHINMSGMapID^2.16.840.1.114222.4.10.4^ISO'.			3.5 Notification Structure
DEM197	Local patient ID	The local ID of the patient/entity.	Text	R					3.5 Notification Structure
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	Y	Literal value: ~^~^~^~^S	Name Type (HL7)	PHVS_NameType_HL7_2x	3.5 Notification Structure

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	R					3.5 Notification Structure
NOT099	Subject Type	Type of subject for the notification. "Person", "Place/location", or "Non-Person Living Subject" are the appropriate subject types for Notifications to CDC.	Coded	R		Literal Value: 'PERSUBJ^Person Subject^CDCPHINVS'	Notification Section Header	PHVS_NotificationSectionHeader_CDC	3.5 Notification Structure
NOT101	Notification Type	Type of notification. Notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Coded	R		Literal Value: 'NOTF^Individual Case Notification^CDCPHINVS'	Notification Section Header	PHVS_NotificationSectionHeader_CDC	3.5 Notification Structure
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					3.5 Notification Structure
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					3.5 Notification Structure
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		10030 Varicella (Chickenpox)	Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS	3.5 Notification Structure

2.2 SUBJECT-RELATED DATA ELEMENTS

This section provides a list of the demographic variables requested by the CDC.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	P					3.2 Subject-related
DEM113	Patient's sex	Patient's current sex.	Coded	P		Male Female Unknown	Sex (MFU)	PHVS_Sex_MFU	3.2 Subject-related
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s). Note that if "Unknown" is sent, the HL7 Flavor of Null UNK is sent. See Subject-Related tab for implementation details.	Coded	P	Y	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Unknown	Race Category	PHVS_RaceCategory_CDC	3.2 Subject-related
DEM165	Patient Address County	County of residence of the subject.	Coded	P		FIPS county codes	County	PHVS_County_FIPS_6-4	3.2 Subject-related
DEM162	Patient Address State	State of residence of the subject.	Coded	O		FIPS state codes	State	PHVS_State_FIPS_5-2	3.2 Subject-related
DEM163	Patient Address Zip Code	ZIP Code of residence of the subject.	Text	O					3.2 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.	Coded	P		Hispanic Non-hispanic	Ethnicity Group	PHVS_EthnicityGroup_CDC	3.2 Subject-related
DEM126	Birth Country	Patient's country of birth.	Coded	O		ISO Country Codes	Country	PHVS_Country_ISO_3166-1	3.2 Subject-related

2.3 GENERIC DATA ELEMENTS

This section provides the content for the generic investigation questions. The variables that are not used for this particular instance are greyed out.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code	State	PHVS_State_FIPS_5-2	3.3 Generic
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		2-Digit FIPS Codes for 50 States plus 11 District of Columbia 60 American Samoa 64 Federated States of Micronesia 66 Guam 68 Marshall Islands 69 N.Mariana Islands 70 Republic of Palau 72 Puerto Rico 78 US Virgin Islands 975772 New York City	Reporting Area (TB)	PHVS_ReportingArea_TB	3.3 Generic
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Text	O					3.3 Generic
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Coded	R		state-assigned code	<not in PHIN VADS>	<not in PHIN VADS>	3.3 Generic
INV111	Date of Report	Date the event or illness was first reported by the reporting source (physician or lab reported to the local/county/state health department)	Date	O					3.3 Generic
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Text	O					3.3 Generic
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O					3.3 Generic
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O					3.3 Generic
INV128	Hospitalized	Was patient hospitalized because of	Coded	O		Yes No	Yes No Unknown (YNU)	PHVS_YesNoUnknow	3.3 Generic

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		this event?				Unknown		n_CDC	
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O					3.3 Generic
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O					3.3 Generic
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O					3.3 Generic
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O					3.3 Generic
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					3.3 Generic
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	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.3 Generic
INV146	Date of death	The date and time the subject's death occurred.	Date	O					3.3 Generic
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O					3.3 Generic
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.3 Generic
INV151	Case Outbreak Name	A state-assigned name for an identified outbreak.	Coded	O		state-assigned code	<state defined - not in PHIN-VADS>	<state defined - not in PHIN-VADS>	3.3 Generic
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R					3.3 Generic
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	Case Class Status	PHVS_CaseClassStat us_NND	3.3 Generic

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)			3.3 Generic
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.3 Generic
INV2001	Age at case investigation	Patient age at time of case investigation.	Numeric	O					3.3 Generic
INV2002	Age units at case investigation	Patient age units at time of case investigation.	Coded	O		Days Hours Months Weeks Years	Age Unit	PHVS_AgeUnit_UCUM	3.3 Generic

2.4 ADDITIONAL CONDITION-SPECIFIC DATA ELEMENTS

These data elements are either shared across some condition reporting or specific only to varicella reporting but they are not considered “generic”.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
INV129	Hospital Name	Name of the healthcare facility in which the subject was hospitalized.	Text	O					3.4 Varicella Specific
INV114	Reporting Source Name	Name of the provider reporting the case (typically the patient's primary care provider).	Text	O					3.4 Varicella Specific
NOT113	Reporting County	County reporting the notification.	Coded	O		FIPS county codes	County	PHVS_County_FIPS_6-4	3.4 Varicella Specific
INV143	Illness Onset Age	Age at onset of illness.	Numeric	P					3.4 Varicella Specific
INV144	Illness Onset Age Units	Age units at onset of illness.	Coded	O		Days Hours Months Weeks Years	Age Unit	PHVS_AgeUnit_UCUM	3.4 Varicella Specific
VAR100	Number of lesions	Choose the numeric range within	Coded	P		< 50	Number Of Lesions (VZ)	PHVS_NumberOfLesio	3.4 Varicella

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
	in total	which a count of the patient's lesions falls. Note that if "Unknown" is sent, the HL7 Flavor of Null UNK value is sent. See Varicella Obs. Tab for implementation details.				50 - 249 250 - 499 > 500 Unknown		ns_VZ	Specific
VAR163	Number of lesions if less than 50	Number of lesions if less than 50.	Numeric	O					3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VACCINE REPEATING GROUP SECTION - these data elements may repeat as a group as many as 5 times									
VAC101	Vaccine Administered	The type of vaccine administered, (e.g., Varivax, MMRV). First question of a repeating group of vaccine questions.	Coded	O		Varivax MMRV	Vaccines Administered (VZ)	PHVS_VaccinesAdministered_VZ	3.4 Varicella Specific
VAC107	Vaccine Manufacturer	Manufacturer of the vaccine. Second question of a repeating group of vaccine questions.	Coded	O		Varicella-specific vaccine manufacturer codeset	Vaccine Manufacturer (VZ)	PHVS_VaccineManufacturer_VZ	3.4 Varicella Specific
VAC108	Vaccine Lot Number	The vaccine lot number of the vaccine administered. Third question of a repeating group of vaccine questions.	Text	O					3.4 Varicella Specific
VAC103	Vaccine Administered Date	The date that the vaccine was administered. Fourth question of a repeating group of vaccine questions.	Date	O					3.4 Varicella Specific
VACCINE REPEATING GROUP END									
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	Coded	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S.	Vaccine Not Given Reason	PHVS_VaccineNotGivenReasons_CDC	3.4 Varicella Specific

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		Other.				Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown			
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					3.4 Varicella Specific
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					3.4 Varicella Specific
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		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	Vaccine Not Given Reason	PHVS_VaccineNotGivenReasons_CDC	3.4 Varicella Specific
VAR149	Other reason patient did not receive second	If the value specified in Reason patient is >= 6 years old and received one dose on or after 6th	Text	O					3.4 Varicella Specific

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
	dose	birthday but never received second dose is Other, indicate the reason (a reason other than those provided in the list).							
VAR102	Rash Onset Date	Date on which the physical manifestations of the illness—the rash—appeared.	Date	O					3.4 Varicella Specific
VAR103	Rash Location	The distribution of the rash on the body.	Coded	O		Generalized Focal Unknown	Rash Distribution (VZ)	PHVS_RashDistributio nVZ	3.4 Varicella Specific
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).	Text	O					3.4 Varicella Specific
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.	Coded	O	Y	Inside Mouth Legs Arms Trunk Face/Head Other	Rash Location First Noted (VZ)	PHVS_RashLocationFi rstNoted_VZ	3.4 Varicella Specific
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).	Text	O					3.4 Varicella Specific
VAR107	Macules Present	If the value specified in Total Number of Lesions is < 50, indicate whether macules were present.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.4 Varicella Specific
VAR108	Number of Macules	If the value specified in Macules Present is Yes, indicate how many macules were present.	Numeric	O					3.4 Varicella Specific
VAR109	Papules Present	If the value specified in Total Number of Lesions is < 50, indicate whether papules were present.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.4 Varicella Specific
VAR110	Number of Papules	If the value specified in Papules Present is Yes, indicate how many	Numeric	O					3.4 Varicella Specific

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		papules were present.							
VAR111	Vesicles Present	If the value specified in Total Number of Lesions is < 50, indicate whether vesicles were present.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR112	Number of Vesicles	If the value specified in Vesicles Present is Yes, indicate how many vesicles were present.	Numeric	O					3.4 Varicella Specific
VAR113	Mostly macular/papular	Indicate whether the lesions were mostly macular/papular.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR114	Mostly vesicular	Indicate whether the lesions were mostly vesicular.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR115	Hemorrhagic	Indicate whether the rash was hemorrhagic.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR116	Itchy	Indicate whether the patient complained of itchiness.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR117	Scabs	Indicate whether there were scabs.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR118	Crops/Waves	Indicate whether the lesions appeared in crops or waves.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR119	Did rash crust	Indicate whether the rash crusted.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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					3.4 Varicella Specific
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					3.4 Varicella Specific
VAR122	Fever	Indicate whether the patient had a	Coded	O		Yes	Yes No Unknown (YNU)	PHVS_YesNoUnknown	3.4 Varicella

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		fever during the course of the illness.				No Unknown		n_CDC	Specific
VAR123	Fever Onset Date	If the value specified in Did patient have fever? is Yes, indicate the date when the fever began.	Date	O					3.4 Varicella Specific
VAR124	Highest measured temperature	If the value specified in Did patient have fever? is Yes, indicate the highest temperature that was measured.	Numeric	O					3.4 Varicella Specific
INV2003	Temperature Units	Temperature Units (Fahrenheit or Celsius).	Coded	O		Fahrenheit Celsius	Temperature Unit	PHVS_TemperatureUnit_UCUM	3.4 Varicella Specific
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					3.4 Varicella Specific
VAR126	Is patient immunocompromised due to medical condition or treatment	Indicate whether the patient was immunocompromised (anergic).	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR127	Medical Condition or Treatment	If Yes, indicate the medical condition or treatment associated with the patient being immunocompromised.	Text	O					3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		infection.							
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR136	How was pneumonia diagnosed	If the value in Pneumonia? is Yes, indicate how the pneumonia was diagnosed.	Coded	O		Medical Doctor Radiographic imaging procedure Unknown	Diagnosed Pneumonia By (VZ)	PHVS_DiagnosedPneumoniaBy_VZ	3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR138	Other complication	If the value specified in Other	Text	O					3.4 Varicella

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
	details	Complications? Is Yes, list the other complication(s).							Specific
VAR139	Antiviral treatment	Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR140	Name of medication	Name of the medication.	Coded	O		Acyclovir Valacyclovir Famvir Other	Medication Received (VZ)	PHVS_MedicationReceived_VZ	3.4 Varicella Specific
VAR210	Name of the Medication if 'Other'	If Name of Medication is 'other', indicate name of medication	Text	O					3.4 Varicella Specific
VAR141	Start Date of Medication	Start date of medication.	Date	O					3.4 Varicella Specific
VAR142	Stop Date of medication	Stop date of medication.	Date	O					3.4 Varicella Specific
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	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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					3.4 Varicella Specific
VAR150	Diagnosed with Varicella before	Indicate whether the patient has a prior diagnosis of varicella.	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR151	Age at previous diagnosis	Age at previous diagnosis	Numeric	O					3.4 Varicella Specific
INV2072	Age at previous diagnosis units	Age at previous diagnosis units	Coded	O		Days Hours Months Weeks Years	Age Unit	PHVS_AgeUnit_UCUM	3.4 Varicella Specific

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
VAR152	Previous Case Diagnosed by	Indicate who diagnosed the previous illness; if none of the choices apply choose Other.	Coded	O		Other Parent/Friend Physician/Health Care Provider	Diagnosed By (VZ)	PHVS_Diagnosed_By_VZ	3.4 Varicella Specific
VAR153	Previous Case Diagnosed by Other	If the value specified in Previous Case Diagnosed by is Other, indicate who diagnosed the case	Text	O					3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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.	Coded	O		Confirmed Varicella Case Herpes Zoster Case Probable Varicella Case	Epi-linked Case Type (VZ)	PHVS_Epi-linkedCaseTypeVZ	3.4 Varicella Specific
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.	Coded	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	Transmission Setting	PHVS_TransmissionSetting_NND	3.4 Varicella Specific
VAR157	Other transmission setting	If the value specified in Transmission Setting? is Other,	Text	O					3.4 Varicella Specific

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		describe the other transmission setting.							
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
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					3.4 Varicella Specific
VAR160	Trimester	If the patient was pregnant during the illness, indicate the trimester at the onset of the illness.	Coded	O		First trimester Second trimester Third trimester	Pregnancy Trimester	PHVS_PregnancyTrimester_CDC	3.4 Varicella Specific
VAR170	Was laboratory testing done for varicella?	Was laboratory testing done for varicella?	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR171	Direct fluorescent antibody (DFA)?	Was direct fluorescent antibody (DFA) testing performed?	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR172	Date of DFA	Date of DFA	Date	O					3.4 Varicella Specific
VAR173	DFA Result	DFA Result	Coded	O		Positive Negative Indeterminate Pending Not Done Unknown	Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	3.4 Varicella Specific
VAR174	PCR specimen?	PCR specimen?	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR175	Date of PCR specimen	Date of PCR specimen	Date	O					3.4 Varicella Specific
VAR176	Source of PCR specimen	Source of PCR specimen	Coded	O		Vesicular Swab Scab Tissue Culture	PCR Specimen Source (VZ)	PHVS_PCERSpecimenSource_VZ	3.4 Varicella Specific

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
						Buccal Swab Saliva Blood Urine Macular Scraping Other			
VAR177	Specify other PCR source	Specify other PCR source	Text	O					3.4 Varicella Specific
VAR178	PCR Result	PCR Result	Coded	O		Positive Negative Indeterminate Pending Not Done Unknown	Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	3.4 Varicella Specific
VAR179	Specify other PCR result	Specify other PCR result	Text	O					3.4 Varicella Specific
VAR180	Culture performed?	Culture performed?	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR181	Date of Culture Specimen	Date of Culture Specimen	Date	O					3.4 Varicella Specific
VAR182	Culture Result	Culture Result	Coded	O		Positive Negative Indeterminate Pending Not Done Unknown	Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	3.4 Varicella Specific
VAR183	Was other laboratory testing done?	Was other laboratory testing done?	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR184	Specify Other Test	Specify Other Test	Coded	O		Tzanck smear Electron microscopy	Lab Test Method (VZ)	PHVS_LabTestMethod_VZ	3.4 Varicella Specific
VAR185	Date of Other test	Date of Other test	Date	O					3.4 Varicella

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
									Specific
VAR186	Other Lab Test Result	Other Lab Test Result	Coded	O		Positive Negative Indeterminate Pending Not Done Unknown	Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	3.4 Varicella Specific
VAR187	Other Test Result Value	Other Test Result Value	Text	O					3.4 Varicella Specific
VAR188	Serology performed?	Serology performed?	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR189	IgM performed?	IgM performed?	Coded	O		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR190	Type of IgM Test	Type of IgM Test	Coded	O		Capture ELISA Indirect ELISA Unknown Other	IgM Test Type (VZ)	PHVS_IgMTestType_VZ	3.4 Varicella Specific
VAR191	Specify Other IgM Test	Specify Other IgM Test	Text	O					3.4 Varicella Specific
VAR192	Date IgM Specimen Taken	Date IgM Specimen Taken	Date	O					3.4 Varicella Specific
VAR193	IgM Test Result	IgM Test Result	Coded	O		Positive Negative Indeterminate Pending Not Done Unknown	Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	3.4 Varicella Specific
VAR194	IgM Test Result Value	IgM Test Result Value	Text	O					3.4 Varicella Specific
VAR195	IgG performed?	IgG performed?	Coded	O		Yes No	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
						Unknown			
VAR196	Type of IgG Test	Type of IgG Test	Coded	O		Whole Cell ELISA gp ELISA FAMA Latex Bead Agglutination Other	IgG Test Type (VZ)	PHVS_IgGTestType_VZ	3.4 Varicella Specific
VAR197	If "Whole Cell ELISA," specify manufacturer	If "Whole Cell ELISA," specify manufacturer	Coded	O		Scimedz Corp IgG ELISA Trinity BioTech IgG ELISA Bio-Quant Inc IgG ELISA Calbiotech IgG ELISA Immuno-Biologicals Lab IgG ELISA Inverness Medical IgG ELISA Diagnostic Automation Inc IgG ELISA Diasorin Sierra Resources	Whole Cell ELISA Manufacturer (VZ)	PHVS_WholeCellELISAManufacturer_VZ	3.4 Varicella Specific
VAR198	If "gp ELISA" specify manufacturer	If "gp ELISA" specify manufacturer	Coded	O		Merck	gp ELISA Manufacturer (VZ)	PHVS_gpELISAManufacturer_VZ	3.4 Varicella Specific
VAR199	Specify Other IgG Test	Specify Other IgG Test	Text	O					3.4 Varicella Specific
VAR200	Date of IgG - Acute	Date of IgG - Acute	Date	O					3.4 Varicella Specific
VAR201	IgG - Acute Result	IgG - Acute Result	Coded	O		Positive Negative Indeterminate Pending Not Done Unknown	Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	3.4 Varicella Specific
VAR202	IgG - Acute Test Result Value	IgG - Acute Test Result Value	Text	O					3.4 Varicella Specific

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
VAR203	Date of IgG - Convalescent	Date of IgG - Convalescent	Date	O					3.4 Varicella Specific
VAR204	IgG - Convalescent Result	IgG - Convalescent Result	Coded	O		Positive Negative Indeterminate Pending Not Done Unknown	Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	3.4 Varicella Specific
VAR205	IgG - Convalescent Test Result Value	IgG - Convalescent Test Result Value	Text	O					3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR207	Date sent for genotyping	Date sent for genotyping	Date	O					3.4 Varicella Specific
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	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 Varicella Specific
VAR209	Strain Type	Strain Type	Coded	O		Vaccine Type Strain Wild Type Strain Unknown	Strain Type VZ	PHVS_StrainType_VZ	3.4 Varicella Specific

3 DATA ELEMENT TO MESSAGE MAPPINGS

This section provides the data elements of interest cross-referenced to the HL7 messaging context. The Program Variables Section has the same information as the Data Element index. The Message Mapping Methodology Section specifies how the data element is conveyed in an HL7-compliant manner.

3.1 KEY

The column headers and their definitions are as follows:

Column	Description
Program Variables Section	
PHIN Variable ID	PHIN data element identifier 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. It may not match exactly with the description in PHIN Questions, because there may be local variations on 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/will error message 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 program does not indicate the response can repeat, the field is not populated or contains "N". Repeats require special processing.
Value Set Name	Name of the pre-coordinated value set in PHIN-VADS 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 (PHIN VADS).
Value Set Code	Code for the pre-coordinated value set in PHIN-VADS from which the response is drawn.

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Column	Description
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. Datatypes expected are CWE, SN, DT, 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: <ul style="list-style-type: none"> • R – Required. Must always be populated • O – Optional. May optionally be populated.
Implementation Notes	Related implementation comments.

3.2 SUBJECT-RELATED DATA ELEMENT MAPPINGS

This section provides the mapping methodology for the demographic variables requested by the program. These subject-related surveillance elements are generally reported in the PID segment as attributes or they map as observations under the first OBR that identifies Subject Type in OBR-4.

Subject/Demographic Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
DEM115	Birth Date	Reported date of birth of patient.	Date	P				PID-7 Date/Time of Birth (does not pass Variable ID or label)	TS	O	
DEM113	Patient's sex	Patient's current sex.	Coded	P		Sex (MFU)	PHVS_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). Note that if "Unknown" is sent, the HL7 Flavor of Null UNK is sent.	Coded	P	Y	Race Category	PHVS_RaceCategory_CDC	PID-10 Race (does not pass Variable ID or label)	CE	O	To send an "Unknown" because the application allows Unknown to be selected (that is, not as a default value): PID-10 would appear as UNK^Unknown^

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Subject/Demographic Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
											NULLFL
DEM165	Patient Address County	County of residence of the subject.	Coded	P		County	PHVS_County_FIPS_6-4	PID-11.9 Patient Address - County	IS	O	entire address construct may repeat per HL7 but only expecting the first instance to be populated and parsed
DEM162	Patient Address State	State of residence of the subject.	Coded	O		State	PHVS_State_FIPS_5-2	PID-11.4 Patient Address - State	ST	O	entire address construct may repeat per HL7 but only expecting the first instance to be populated and parsed
DEM163	Patient Address Zip Code	ZIP Code of residence of the subject.	Text	O				PID-11.5 Patient Address - Postal Code	ST	O	entire address construct may repeat per HL7 but only expecting the first instance to be populated and parsed
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.	Coded	P		Ethnicity Group	PHVS_EthnicityGroup_CDC	PID-22 Ethnic Group (does not pass Variable ID or label)	CE	O	

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Subject/Demographic Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
DEM126	Birth Country	Patient's country of birth.	Coded	O		Country	PHVS_Country_ISO_3166-1	Observation/OBX Segment with this UID and label under the Patient Subject section header in OBR-4.	CWE	O	

3.3 GENERIC DATA ELEMENT MAPPINGS

The generic surveillance elements that are not used for this particular notification are shaded. Some of the generic elements are also notification structural elements, and they appear again in the Notification Structure mapping section.

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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	
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		Reporting Area (TB)	PHVS_ReportingArea_TB	Observation/OBX Segment with this UID and label	CWE	R	
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDS	OBR-31 Reason for Study - (note that this is a Notification structural element, so it appears twice in this Guide)	CE	O	

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Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
INV168	Record ID	Unique Case Report ID (numeric only) assigned by the state.	Text	R				see Notification Structure tab - required data element	EI	R	
INV173	State Case ID	Official state identification number for the case; used by the state and the CDC to identify the case in communications.	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Coded	R		<state-assigned - not in PHIN-VADS>	<state-assigned - not in PHIN-VADS>	Observation/OBX Segment with this variable ID and label	CWE	O	
INV109	Case Investigation Status Code	Status of the investigation. For example, <i>open</i> or <i>closed</i> .	Coded					Observation/OBX Segment with this variable ID and label	CWE	O	
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV111	Date of Report	Date the event or illness was first reported by the reporting source (physician or lab reported to the local/county/state health department).	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Coded			Reporting Source Type NND	PHVS_ReportingSource_Type_NND	Observation/OBX Segment with this variable ID and label	CWE	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	

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Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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	
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	
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	

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Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
INV138	Illness End Date	Time at which the disease or condition ends.	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric					Observation/OBX Segment with this variable ID and label	SN	O	
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Coded			Age Unit	PHVS_AgeUnit_UCUM	Observation/OBX Segment with this variable ID and label	CE	O	
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	O				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	O		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	O		<state-assigned - not in PHIN-VADS>	<state-assigned - not in PHIN-VADS>	Observation/OBX Segment with this variable ID and label	CWE	O	

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Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Coded			Disease Acquired Jurisdiction	PHVS_DiseaseAcquiredJurisdiction_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Coded			Country	PHVS_Country_ISO_3166-1	Observation/OBX Segment with this variable ID and label	CWE	O	
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Coded			State	PHVS_State_FIPS_5-2	Observation/OBX Segment with this variable ID and label	CWE	O	
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Coded			City	PHVS_City_USGS_GNIS	Observation/OBX Segment with this variable ID and label	CWE	O	
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Coded			County	PHVS_County_FIPS_6-4	Observation/OBX Segment with this variable ID and label	CWE	O	
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Coded			Case Transmission Mode	PHVS_CaseTransmissionMode_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
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.	Coded		Y	Case Confirmation Method	PHVS_CaseConfirmationMethod_NND	Observation/OBX Segment with this variable ID and label	CWE	O	

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Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date					Observation/OBX Segment with this variable ID and label	TS	O	
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_CaseClass Status_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	
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV177	Date First Reported PHD	Earliest date the case was reported to the public health department whether at the local, county, or state public health level.	Date					Observation/OBX Segment with this variable ID and label	TS	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	
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	O				Observation/OBX Segment with this variable ID and label	SN	O	

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Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
INV2002	Age units at case investigation	Patient age units at time of case investigation	Coded	O		Age Unit	PHVS_AgeUnit_UCUM	uses the INV2001 observation - maps to OBX-6-Units (does not use INV2002 ID or label)	CE	O	

3.4 VARICELLA-SPECIFIC DATA ELEMENT MAPPINGS

This section provides the mapping methodology for the case/investigation content requested by the program for this specific notification.

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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	
NOT113	Reporting County	County reporting the notification.	Coded	O		County	PHVS_County_FIPS_6-4	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	
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	uses INV143 observation - maps to <i>OBX-6-Units</i> (does not use INV144 ID or label)	CE	O	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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" because the application allows Unknown to be selected (that is, not as a default value): PID-10 would appear as UNK^Unknown^N ULLFL
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	
Start of Repeating group of Vaccine variables (up to 5 repeated groups)								OBX-4 Obs Sub-ID is same value for each group			
VAC101	Vaccine Administered	The type of vaccine administered, (e.g., Varivax, MMRV). First question of a repeating group of vaccine questions.	Coded	O		Vaccines Administered (VZ)	PHVS_VaccinesAdministered_VZ	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. Second question of a repeating group of vaccine questions.	Coded	O		Vaccine Manufacturer (VZ)	PHVS_VaccineManufacturer_VZ	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.

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
VAC108	Vaccine Lot Number	The vaccine lot number of the vaccine administered. Third question of a repeating group of vaccine questions.	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.
VAC103	Vaccine Administered Date	The date that the vaccine was administered. Fourth question of a repeating group of vaccine questions.	Date	O				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 group of Vaccine variables											
VAR145	Reason why patient did not receive Varicella-containing vaccine	If the value in Did the patient receive varicella-containing vaccine? is <i>No</i> , choose the reason why the patient did not receive the vaccine; if none of the specific choices in the list apply, choose <i>Other</i> .	Coded	O		Vaccine Not Given Reason	PHVS_VaccineNot GivenReasons_CD C	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 <i>Other</i> , 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 <i>Yes</i> , 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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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_VaccineNot GivenReasons_CD C	Observation/OBX Segment with this variable ID and label	CWE	O	
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_RashDistributionVZ	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	Coded	O	Y	Rash Location First Noted (VZ)	PHVS_RashLocationFirstNoted_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
		first noted (if any); if none of the specific choices in the list apply, choose Other.									
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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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	
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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
VAR120	Number of Days until lesions crusted over	If the value specified in Did the rash crust? is <i>Yes</i> , 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 <i>No</i> , 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 <i>Yes</i> , 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 <i>Yes</i> , 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 <i>Yes</i> , 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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	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.	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	Coded	O		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
		provider? is Yes, indicate whether there were other complications not cited here.									
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_Medication Received _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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation 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.	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	
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_Diagnosed_By_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 Other, 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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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.	Coded	O		Epi-linked Case Type (VZ)	PHVS_Epi-linkedCaseTypeVZ	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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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_PCRTSpecimenSource_VZ	Observation/OBX Segment with this variable ID and label	CWE	O	
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	Note if "Other" value needs to be passed, use this literal: 'OTH^Other^NULL FL'

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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	
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	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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	

3.5 NOTIFICATION STRUCTURE DATA ELEMENT MAPPINGS

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. Note that this tab does not describe all of the components required for a structurally valid HL7 message; see National Notification Structural Specification (profile).

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
NOT108	Notification ID	The unique identifier for the notification record.	Text	R				MSH-10-Message Control ID.	ST	R	If notification ID is not unique, a timestamp may be appended. HL7 recommended size increased to 50.
NOT114	Receiving Application	CDC's PHIN Common Data Store (CDS) is the Receiving Application for this message.	OID	R				MSH-5 Receiving Application. PHIN required/HL7 optional.	HD	R	Literal Value: 'PHINCDS^2.16.840.1.114222.4.3.2.1 0^ISO'
NOT115	Message Profile ID	First instance is the reference to the structural specification used to validate the message. Second instance is the reference to the PHIN Message Mapping Guide from which the content is derived.	Text	R	Y/2			MSH-21-Message Profile ID. PHIN required/HL7 optional.	EI	R	First instance literal value: 'NND_ORU_v2.0^PHINProfileID^2.16.840.1.114222.4.10.3^ISO' Second instance literal value: 'Var_Case_Map_v2.0^PHINMsgMapID^2.16.840.1.114222.4.10.4^ISO'.
DEM197	Local patient ID	The local ID of the patient/entity.	Text	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	Only the sending system's internally assigned patient id used for these de-identified messages

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Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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)	PHVS_NameType_HL7_2x	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	Literal value: ~^MMS
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	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'.	EI	R	<same value in each OBR instance>
NOT099	Subject Type	Type of subject for the notification (person, place, or non-person living subject are the appropriate subject types for Case Notifications).	Coded	R		Notification Section Header	PHVS_NotificationSectionHeader_CD	OBR 1 : Maps to the HL7 attribute OBR-4-Universal Service ID.	CE	R	Literal Value: 'PERSUBJ^Person Subject^CDCPHINVS'
NOT101	Notification Type	Type of notification. Notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Coded	R		Notification Section Header	PHVS_NotificationSectionHeader_CD	OBR 2 : Maps to the HL7 attribute OBR-4-Universal Service ID.	CE	R	Literal Value: 'NOTF^Case Notification^CDCPHINVS'
NOT103	Date First Submitted	Date 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	<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	Date/time	R				OBR-22-Result Report/Status Chg Date/time.	TS	R	<same value in each OBR instance>

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Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
		update/send date/time.									
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDS	Maps to HL7 attribute OBR-31-Reason for Study.	CE	R	Default value in each OBR instance: '10030^Varicella Infection^NND'

3.6 ASSOCIATED LAB REPORT DATA ELEMENT MAPPINGS

Not used.

3.7 ASSOCIATED VACCINE RECORD DATA ELEMENT MAPPINGS

Not used.