

Varicella Notification Message Mapping Guide

Varicella Notification Test Cases

VERSION: The version of this spreadsheet follows the Message Mapping Guide, Draft 0.5 dated 4/25/2007.

This spreadsheet describes the content and some message mapping specifications for the fixed set of data elements used to communicate information to meet the requirements for Varicella Individual Case reporting to CDC. The intended audience for this document are the state/local and CDC programs and other public health related organizations interested in using the HL7 V2.5 case notification message specification for transmitting their data elements. Data captured in this spreadsheet will be used to generate test cases for datamart testing.

References

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

Understanding the Organization of the Mapping Guide

<u>Key</u>	Key to columns in each Tab/Worksheet
<u>Varicella Test Cases</u>	This tab provides the content requested by the program for this specific notification. Data appearing on this tab may reference the Notification, Lab and Subject components.

Variables as Observations

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

Varicella Notification Message Mapping Guide

Key

Column	Description
Program Variables Section	
PHIN Variable ID	PHIN element UID drawn from the coding system PH_PHINQuestions_CDC
Label	Short name for the data element, which is passed in the message.
Description	Description of the data element as in PHIN Questions.
Data Type	Data type for the variable response expected by the program area
Prog. Req/Opt	Indicator whether the program specifies the field as: R - Required - mandatory for sending the message O - Optional - if the data is available it should be passed
May Repeat	Indicator whether the response to the data element may repeat. "Yes" in the field indicates that it may; otherwise, the field is not populated. Repeats require special processing.
Value Set Name	Name of the pre-coordinated value set from which the response is drawn. The value sets and coding systems are accessible via the Public Health Information Network Vocabulary Access and Distribution Services at http://www.cdc.gov/PhinVSBrowser/StrutsController.do .
Message Mapping Methodology Section	
Message Context	Specific HL7 segment and field mapping for the element.
HL7 Data Type	HL7 data type used by PHIN to express the variable.
HL7 Usage	Use of the field for PHIN. 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.
HL7 Cardinality	Indicator of the minimum and maximum number of times the element may appear. <ul style="list-style-type: none"> • [0..0] Element never present. • [0..1] Element may be omitted and it can have at most, one Occurrence. • [1..1] Element must have exactly one Occurrence. • [0..n] Element may be omitted or may repeat up to n times. • [1..n] Element must appear at least once, and may repeat up to n times. • [0..*] Element may be omitted or repeat for an unlimited number of times. • [1..*] Element must appear at least once, and may repeat unlimited number of times. • [m..n] Element must appear at least m, and at most, n times.
Implementation Notes	Related implementation comments.

Varicella Datamart Test Cases

Varicella Case Notification Variables and Test Data

Program-Specific Surveillance Variables													
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Test Record #1	Test Record #2	Test Record #3	Test Record #4	Test Record #5	Test Record #6 UPDATE RECORD #1	Test Record #7 DELETE RECORD #4
INV168	Case ID	Case ID	Number	R									
DEM115	Birth Date	Reported date of birth of patient.	Date	O			06/15/1971	09/15/1994	08/14/1973	08/16/1997	02/20/2000		
DEM113	Patient's sex	Patient's current sex.	Code	O		Sex (MFU)	M	F	M	F	F		
DEM152	Race Category	Field containing one or more codes that broadly	Code	O	Y	Race Category	2028-9						
DEM162	Patient Address State	Patient's address state.	Text	O		State	STATE TO FILL OUT		STATE TO FILL OUT		STATE TO FILL OUT		
DEM163	Patient Address Zip Code	Patient's address Zip code.	Text	O			STATE TO FILL OUT		STATE TO FILL OUT		STATE TO FILL OUT		
DEM165	Patient Address County	County of residence of the subject.	Code	O		County	STATE TO FILL OUT		STATE TO FILL OUT		STATE TO FILL OUT		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Ethnicity Group	2186-5						
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Infectious Disease (NNID)							
INV109	Case Investigation Status Code	Case Investigation Status Code (open or closed)					Open	Open	Open	Open	Open		
DEM126	Birth Country	Patient's country of birth.	Code	O		Country	Asia	US	Lebanon	US	US	Japan	
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned			STATE TO FILL OUT				
NOT113	Reporting County	County reporting the notification.	Code	R		County		STATE TO FILL OUT		STATE TO FILL OUT			
NOT109	Reporting State	State reporting the investigation/case.	Coded	R		State	STATE TO FILL OUT		STATE TO FILL OUT		STATE TO FILL OUT		
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	R						STATE TO FILL OUT			
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O			03/15/2011	03/08/2011	12/27/2011				

Varicella Datamart Test Cases

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Test Record #1	Test Record #2	Test Record #3	Test Record #4	Test Record #5	Test Record #6 UPDATE RECORD #1	Test Record #7 DELETE RECORD #4
VAR100	Number of lesions in total	Choose the numeric range within which a count of the patient's lesions falls.	Code	R		Number Of Lesions (VZ)	50 - 249	50-249	<50	<50	250-499		
VAR101	Did the patient receive Varicella-containing vaccine	Indicate whether the patient received varicella-containing vaccine; a value of Yes or No enables other fields in this section, allowing for answers to their questions.	Code	R		Yes No Unknown (YNU)	Yes	Yes	No	Unknown	No		
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R			35	11	33	8	5		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Age Units	Years	Years	Years	Years	Years		
INV163	Case Class Status Code	Case class status code	Code	R		Case Class Status	Confirmed	Probable	Confirmed	Confirmed	Confirmed		
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication	Numeric	R			11	10	52	3	50		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication	Date	R			2011	2011	2011	2011	2011		
INV114	Reporting Source Name	Name of the provider reporting the case (typically the patient's primary care provider)	Text	O			Grady Hospital						
INV118	Reporting Source Address Zip Code	Reporting source address Zip Code	Text	O			STATE TO FILL OUT						
INV143	Illness Onset Age	Age at onset of illness	Numeric	O			35	11	33	8	5		
INV144	Illness Onset Age Units	Age units at onset of illness	C	O		Age Units	Years	Years	Years	Years	Years		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O			02/20/2011		12/28/2011		12/18/2011		
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O			02/18/2011		12/22/2011		12/17/2011		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O									
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O			02/10/2011		12/07/2011				
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date	Date	O			02/10/2011				12/17/2011		

Varicella Datamart Test Cases

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INV200	Legacy Case ID	CDC uses this field to link current case notifications to case notifications submitted by a previous system	Text	P				Netss caseid: Case ID(6) + State FIPS(2) + Site(3) + Year(4)					
VAR102	Rash Onset Date	Date on which the physical manifestations of the illness—the rash—appeared	Date	O			02/09/2011	03/05/2011	12/05/2011	01/25/2011	12/17/2011		
VAR103	Rash Location	The anatomical location where the rash was located	Code	O		Rash Distribution (VZ)	Generalized	Generalized	Generalized	Generalized	Generalized		
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				STATE TO FILL OUT					
VAR105	Where Rash First Noted	If a value of <i>Generalized</i> is specified for the Rash Location field, choose location where rash was first noted (if any); if none of the specific choices in the list apply, choose Other.	Code	O		Rash Location First Noted (VZ)	Face	Trunk	Face, Trunk, Arms	Trunk, Face	Face		
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							STATE TO FILL OUT		
VAR107	Macules Present	If the value specified in Total Number of Lesions is < 50, indicate whether macules were present.	Code	O		Yes No Unknown (YNU)		Yes	Yes	No	Unk		
VAR108	Number of Macules	If the value specified in Macules Present is <i>Yes</i> , indicate how many macules were present.	Numeric	O				STATE TO FILL OUT	35	STATE TO FILL OUT			
VAR109	Papules Present	If the value specified in Total Number of Lesions is < 50, indicate whether papules were present.	Code	O		Yes No Unknown (YNU)			Unk	Yes			
VAR110	Number of Papules	If the value specified in Papules Present is <i>Yes</i> , indicate how many papules were present.	Numeric	O					STATE TO FILL OUT	15	STATE TO FILL OUT		

Varicella Datamart Test Cases

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VAR111	Vesicles Present	If the value specified in Total Number of Lesions is < 50, indicate whether vesicles were present.	Code	O		Yes No Unknown (YNU)			Unk	Yes			
VAR112	Number of Vesicles	If the value specified in Vesicles Present is Yes, indicate how many vesicles were present.	Numeric	O			STATE TO FILL OUT		STATE TO FILL OUT	30			
VAR113	Mostly macular/papular	Indicate whether the lesions were mostly macular/papular.	Code	O		Yes No Unknown (YNU)	Yes	Yes	Yes	No			
VAR114	Mostly vesicular	Indicate whether the lesions were mostly vesicular.	Code	O		Yes No Unknown (YNU)	Yes	Yes	No	Yes	Yes		
VAR115	Hemorrhagic	Indicate whether the rash was hemorrhagic.	Code	O		Yes No Unknown (YNU)	No	No	No	No	No		
VAR116	Itchy	Indicate whether the patient complained of itchiness.	Code	O		Yes No Unknown (YNU)	Yes	Yes	Yes	Yes	Yes		
VAR117	Scabs	Indicate whether there were scabs.	Code	O		Yes No Unknown (YNU)	Yes	Yes	Yes	Yes	Yes		
VAR118	Crops/Waves	Indicate whether the lesions appeared in crops or waves.	Code	O		Yes No Unknown (YNU)	No	Yes	Yes	Yes	Yes		
VAR119	Did rash crust	Indicate whether the rash crusted.	Code	O		Yes No Unknown (YNU)	Yes	Yes	Yes	Yes	Yes		
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			5	4	7	7	5		
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									
VAR122	Fever	Indicate whether the patient had a fever during the course of the illness.	Code	O		Yes No Unknown (YNU)	Yes	Yes	Yes	Yes	Yes		
VAR123	Fever Onset Date	If the value specified in Did patient have fever? is Yes, indicate the date when the fever began.	Date	O			02/08/2011	03/04/2011	12/03/2011	01/25/2011	12/18/2011		
VAR124	Highest measured temperature	If the value specified in Did patient have fever? is Yes, indicate the highest temperature that was measured.	Numeric	O			101.5	100.5	102	102.3			

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INV2003	Temperature Units	Temperature Units (Fahrenheit or Celsius).	Code	O		Temperature Units	F	F	F	F			
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			2	2	3	4	1		
VAR126	Is patient immunocompromised due to medical condition or treatment	Indicate whether the patient was immunocompromised (anergic).	Code	O		Yes No Unknown (YNU)	No	No	No	Unk	No		
VAR127	Medical Condition or Treatment	If the value specified in Is patient immunocompromised due to medical condition or treatment? is Yes , indicate the medical condition or treatment associated with the patient being anergic.	Text	O					STATE TO FILL OUT				
VAR128	Did patient visit a healthcare provider during this illness	Indicate whether the patient visited a healthcare provider during the course of this illness.	Code	O		Yes No Unknown (YNU)	Yes	No	Yes	Yes	Yes		
VAR129	Did patient develop any complications that were diagnosed by a healthcare provider?	If the value specified in Did patient visit a healthcare provider during this illness? is Yes , indicate whether the patient developed complications (as described).	Code	O		Yes No Unknown (YNU)	Yes	Yes	Yes	Yes	Yes		
VAR130	Skin/soft tissue infection	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether there was skin or soft tissue infection.	Code	O		Yes No Unknown (YNU)				Yes			
VAR131	Cerebellitis/ ataxia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether there was cerebellitis/ataxia.	Code	O		Yes No Unknown (YNU)	Yes	Yes			Yes		

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VAR132	Encephalitis	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is <i>Yes</i> , indicate whether there was encephalitis.	Code	O		Yes No Unknown (YNU)			No				
VAR133	Dehydration	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is <i>Yes</i> , indicate whether the patient was diagnosed as being dehydrated.	Code	O		Yes No Unknown (YNU)	Yes		Yes		Yes		
VAR134	Hemorrhagic condition	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is <i>Yes</i> , indicate whether there was hemorrhagic condition.	Code	O		Yes No Unknown (YNU)	Yes		No		No		
VAR135	Pneumonia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is <i>Yes</i> , indicate whether pneumonia was a complication.	Code	O		Yes No Unknown (YNU)		Yes	No		Yes		
VAR136	How was pneumonia diagnosed	If the value in Pneumonia? is <i>Yes</i> , indicate how the pneumonia was diagnosed.	Code	O		Diagnosed Pneumonia By (VZ)		x-ray			MD		
VAR137	Other complications	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is <i>Yes</i> , indicate whether there were other complications not cited here.	Code	O		Yes No Unknown (YNU)		No		No			
VAR138	Other complication details	If the value specified in Other Complications? is true, list the other complication(s).	Text	O						STATE TO FILL OUT			
VAR139	Antiviral treatment	Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral.	Code	O		Yes No Unknown (YNU)	Yes	No	Yes	No	No		

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VAR140	Name of medication	If the value specified in Antiviral? is yes, list the name of the medication.	Text	O			Famvir		Acyclovir				
VAR141	Start Date of Medication	Start date of medication.	Date	O			02/11/2011		12/07/2011				
VAR142	Stop Date of medication	Stop date of medication.	Date	O			02/15/2011		12/12/2011				
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown (YNU)	No	No	No	Yes	No		
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O						01/28/2011			
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O						01/31/2011			
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			
INV129	Hospital Name	Name of the healthcare facility in which the subject was hospitalized.	Text	O						Motts Childrens			
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown (YNU)	No	No	Yes	No	No		
INV146	Date of death	The date and time the subject's death occurred.	Date	O					12/28/2011				
VAR143	Autopsy performed	If a value of Yes is specified in Did the patient die from this illness or complications associated with this illness?, indicate whether an autopsy was performed for the death.	Code	O		Yes No Unknown (YNU)			No				
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				STATE TO FILL OUT					

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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> .	Code	O		Vaccine Not Given Reason			From outside of US		Refused		
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					STATE TO FILL OUT				
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 (before the patient's first birthday).	Numeric	O			2	1					
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.	Code	O		Vaccine Not Given Reason				STATE TO FILL OUT			
VAR149	Other reason patient did not receive second dose	If the value specified in Number of doses received on or after first birthday is <i>1</i> (one), choose from the list the reason the patient never received the second dose; if none of the specific choices in the list apply, choose <i>Other</i> .	Text	O				STATE TO FILL OUT					
VAR150	Diagnosed with Varicella before	Indicate whether the patient has a prior diagnosis of varicella.	Code	O		Yes No Unknown (YNU)	Yes	No	No	Yes	No		
VAR151	Age at Varicella diagnosis	If the value specified in Has patient ever been diagnosed with varicella before? is <i>Yes</i> , indicate the age of the patient at the time of the diagnosis.	Numeric	O			5			4			
INV2002	Age at Varicella diagnosis units	Age units of patient	Code	O		Age Units	Years			Months			

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VAR152	Diagnosed by	Indicate who diagnosed the illness; if none of the choices apply choose <i>Other</i> .	Code	O		Diagnosed By (VZ)	Parent		STATE TO FILL OUT	Physician			
VAR154	Is this case epi-linked to another confirmed or probable case	Indicate whether this case is epi-linked to another case (confirmed or probable).	Code	O		Yes No Unknown (YNU)	Yes	Yes	No	No	Yes		
VAR155	Type of case this case is epi-linked to	If the value specified in Is this case epi-linked to another confirmed or probable case? is <i>Yes</i> , indicate the kind of case with which the current case is epi-linked.	Code	O		Epi-linked Case Type (VZ)	Probable varicella case	Probable varicella case		Confirmed varicella case		Confirmed varicella case	
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> .	Code	O		Transmission Setting	Work	School			School		
VAR157	Other transmission setting	If the value specified in Transmission Setting? is <i>Other</i> , describe the other transmission setting.	Text	O				STATE TO FILL OUT					
VAR158	Is this case a healthcare worker	Indicate whether the patient who is the subject of the current case is a healthcare worker.	Code	O		Yes No Unknown (YNU)	Yes	No	No	No	No		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown (YNU)	No	Yes	No	Unk	Unk		
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code		Ludington Area Catholic					
INV178	Pregnancy status	Indicate whether the patient was pregnant during the course of this illness.	Code	O		Yes No Unknown (YNU)	No	No	No	No	No		
VAR159	Number of weeks gestation at onset of illness	If the patient was pregnant during the illness, indicate the number of weeks of gestation at the onset of the illness.	Numeric	O		weeks							
VAR160	Trimester at Onset of Illness	If the patient was pregnant during the illness, indicate the trimester at the onset of the illness.	Code	O		Pregnancy Trimester							

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VAR170	Was laboratory testing done for varicella?	Was laboratory testing done for varicella?	Coded	O		Yes No Unknown (YNU)	Yes	Yes	Yes	Yes	Yes		
VAR171	Direct fluorescent antibody (DFA)?	Was direct fluorescent antibody (DFA) testing	Coded	O		Yes No Unknown (YNU)	No	Yes	Yes	No	Unk		
VAR172	Date of DFA	Date of DFA	Date	O				STATE TO FILL OUT		STATE TO FILL OUT			
VAR173	DFA Result	DFA Result	Coded	O		Lab Test Results		Positive	Positive		STATE TO FILL OUT		
VAR174	PCR specimen?	PCR specimen?	Coded	O		Yes No Unknown (YNU)	Yes	No		Yes	Yes		
VAR175	Date of PCR specimen	Date of PCR specimen	Date	O				STATE TO FILL OUT		STATE TO FILL OUT			
VAR176	Source of PCR specimen	Source of PCR specimen	Coded	O		PCR Specimen Source (VZ)	Scab		STATE TO FILL OUT	Vesicular fluid	Lesion		
VAR177	Specify other PCR source	Specify other PCR source	Text	O									
VAR178	PCR Result	PCR Result	Coded	O		Lab Test Results	Positive		STATE TO FILL OUT	Positive	Positive		
VAR179	Specify other PCR result	Specify other PCR result	Text	O									
VAR180	Culture performed?	Culture performed?	Coded	O		Yes No Unknown (YNU)	Yes	No	No	No	No		
VAR181	Date of Culture Specimen	Date of Culture Specimen	Date	O									
VAR182	Culture Result	Culture Result	Coded	O		Lab Test Results	Indeterminate						
VAR183	Was other laboratory testing done?	Was other laboratory testing done?	Coded	O		Yes No Unknown (YNU)	No	No	No	No	No		
VAR184	Specify Other Test	Specify Other Test	Coded	O		Lab Test Method (VZ)	STATE TO FILL OUT	STATE TO FILL OUT		STATE TO FILL OUT			
VAR185	Date of Other test	Date of Other test	Date	O			STATE TO FILL OUT		STATE TO FILL OUT		STATE TO FILL OUT		
VAR186	Other Lab Test Result	Other Lab Test Result	Coded	O		Lab Test Results		STATE TO FILL OUT		STATE TO FILL OUT			
VAR187	Other Test Result Value	Other Test Result Value	Text	O									
VAR188	Serology performed?	Serology performed?	Coded	O		Yes No Unknown (YNU)	Yes	Yes	Yes	Yes	Yes		
VAR189	IgM performed?	IgM performed?	Coded	O		Yes No Unknown (YNU)	Yes	Yes	Yes	Yes	Yes		
VAR190	Type of IgM Test	Type of IgM Test	Coded	O		IgM Test Type (VZ)	STATE TO FILL OUT		STATE TO FILL OUT		STATE TO FILL OUT		
VAR191	Specify Other IgM Test	Specify Other IgM Test	Text	O						STATE TO FILL OUT			
VAR192	Date IgM Specimen Taken	Date IgM Specimen Taken	Date	O									
VAR193	IgM Test Result	IgM Test Result	Coded	O		Lab Test Results	Positive		Indeterminate		Negative		
VAR194	IgM Test Result Value	IgM Test Result Value	Text	O			STATE TO FILL OUT		STATE TO FILL OUT		STATE TO FILL OUT		
VAR195	IgG performed?	IgG performed?	Coded	O		Yes No Unknown (YNU)	Yes	Ysn		No	Unk		
VAR196	Type of IgG Test	Type of IgG Test	Coded	O		IgG Test Type (VZ)	Unkown	Whole cell ELISA					

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VAR197	If "Whole Cell ELISA," specify manufacturer	If "Whole Cell ELISA," specify manufacturer	Coded	O		Whole Cell ELISA Manufacturer (VZ)		Unknown		STATE TO FILL OUT			
VAR198	If "gp ELISA" specify manufacturer	If "gp ELISA" specify manufacturer	Coded	O		gp ELISA Manufacturer (VZ)					STATE TO FILL OUT		
VAR199	Specify Other IgG Test	Specify Other IgG Test	Text	O				STATE TO FILL OUT			STATE TO FILL OUT		
VAR200	Date of IgG - Acute	Date of IgG - Acute	Date	O			STATE TO FILL OUT		STATE TO FILL OUT		STATE TO FILL OUT		
VAR201	IgG - Acute Result	IgG - Acute Result	Coded	O		Lab Test Results		STATE TO FILL OUT		STATE TO FILL OUT			
VAR202	IgG - Acute Test Result Value	IgG - Acute Test Result Value	Text	O			STATE TO FILL OUT						
VAR203	Date of IgG - Convalescent	Date of IgG - Convalescent	Date	O				STATE TO FILL OUT		STATE TO FILL OUT			
VAR204	IgG - Convalescent Result	IgG - Convalescent Result	Coded	O		Lab Test Results					STATE TO FILL OUT		
VAR205	IgG - Convalescent Test Result Value	IgG - Convalescent Test Result Value	Text	O			STATE TO FILL OUT			STATE TO FILL OUT			
VAR206	Were the specimens sent to the CDC for genotyping (molecular)?	Were the specimens sent to the CDC for genotyping (molecular)?	Coded	O		Yes No Unknown (YNU)		Yes		Unk			
VAR207	Date sent for genotyping	Date sent for genotyping	Date	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)	STATE TO FILL OUT	Yes	STATE TO FILL OUT		STATE TO FILL OUT		
VAR209	Strain Type	Strain Type	Coded	O		Strain Type VZ	STATE TO FILL OUT	Wild-type	STATE TO FILL OUT	STATE TO FILL OUT	STATE TO FILL OUT		
NOT108	Notification ID	The unique identifier for the notification record.	String	R									
DEM197	Local patient ID	The local ID of the patient/entity.	String	R									
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							
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	R									

Varicella Datamart Test Cases

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Test Record #1	Test Record #2	Test Record #3	Test Record #4	Test Record #5	Test Record #6 UPDATE RECORD #1	Test Record #7 DELETE RECORD #4
NOT099	Subject Type	Type of subject for the notification.	Coded	R		Notification Section Header							
NOT101	Notification Type	Type of notification. Main notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Coded	R		Notification Section Header							
NOT103	Date First Submitted	Date the notification was first sent to CDC. This value does not change after the original notification.	Date/time	R									
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									
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Infectious Disease (NND)							

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name
VAR170	Was laboratory testing done for varicella?	Was laboratory testing done for varicella?	Coded	O		Yes No Unknown (YNU)
VAR171	Direct fluorescent antibody (DFA)?	Was direct fluorescent antibody (DFA) testing	Coded	O		Yes No Unknown (YNU)
VAR172	Date of DFA	Date of DFA	Date	O		
VAR173	DFA Result	DFA Result	Coded	O		Lab Test Interpretation
VAR174	PCR specimen?	PCR specimen?	Coded	O		Yes No Unknown (YNU)
VAR175	Date of PCR specimen	Date of PCR specimen	Date	O		
VAR176	Source of PCR specimen	Source of PCR specimen	Coded	O		PCR Specimen Source (VZ)
VAR177	Specify other PCR source	Specify other PCR source	Text	O		
VAR178	PCR Result	PCR Result	Coded	O		Lab Test Interpretation
VAR179	Specify other PCR result	Specify other PCR result	Text	O		
VAR180	Culture performed?	Culture performed?	Coded	O		Yes No Unknown (YNU)
VAR181	Date of Culture Specimen	Date of Culture Specimen	Date	O		
VAR182	Culture Result	Culture Result	Coded	O		Lab Test Interpretation
VAR183	Was other laboratory testing done?	Was other laboratory testing done?	Coded	O		Yes No Unknown (YNU)
VAR184	Specify Other Test	Specify Other Test	Coded	O		Lab Test Method (VZ)
VAR185	Date of Other test	Date of Other test	Date	O		
VAR186	Other Lab Test Result	Other Lab Test Result	Coded	O		Lab Test Interpretation
VAR187	Other Test Result Value	Other Test Result Value	Text	O		
VAR188	Serology performed?	Serology performed?	Coded	O		Yes No Unknown (YNU)
VAR189	IgM performed?	IgM performed?	Coded	O		Yes No Unknown (YNU)
VAR190	Type of IgM Test	Type of IgM Test	Coded	O		IgM Test Type (VZ)
VAR191	Specify Other IgM Test	Specify Other IgM Test	Text	O		
VAR192	Date IgM Specimen Taken	Date IgM Specimen Taken	Date	O		
VAR193	IgM Test Result	IgM Test Result	Coded	O		Lab Test Interpretation
VAR194	IgM Test Result Value	IgM Test Result Value	Text	O		
VAR195	IgG performed?	IgG performed?	Coded	O		Yes No Unknown (YNU)
VAR196	Type of IgG Test	Type of IgG Test	Coded	O		IgG Test Type (VZ)
VAR197	If "Whole Cell ELISA," specify manufacturer	If "Whole Cell ELISA," specify manufacturer	Coded	O		Whole Cell ELISA Manufacturer (VZ)
VAR198	If "gp ELISA" specify manufacturer	If "gp ELISA" specify manufacturer	Coded	O		gp ELISA Manufacturer (VZ)
VAR199	Specify Other IgG Test	Specify Other IgG Test	Text	O		
VAR200	Date of IgG - Acute	Date of IgG - Acute	Date	O		
VAR201	IgG - Acute Result	IgG - Acute Result	Coded	O		Lab Test Interpretation

VAR202	IgG - Acute Test Result Value	IgG - Acute Test Result Value	Text	O		
VAR203	Date of IgG - Convalescent	Date of IgG - Convalescent	Date	O		
VAR204	IgG - Convalescent Result	IgG - Convalescent Result	Coded	O		Lab Test Interpretation
VAR205	IgG - Convalescent Test Result Value	IgG - Convalescent Test Result Value	Text	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)
VAR207	Date sent for genotyping	Date sent for genotyping	Date	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)
VAR209	Strain Type	Strain Type	Coded	O		Strain Type VZ