

# 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
<b>Program Variables Section</b>	
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: <b>R</b> - Required - mandatory for sending the message <b>O</b> - 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 <a href="http://www.cdc.gov/PhinVSBrowser/StrutsController.do">http://www.cdc.gov/PhinVSBrowser/StrutsController.do</a> .
<b>Message Mapping Methodology Section</b>	
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"> <li>• R – Required. Must always be populated</li> <li>• O – Optional. May optionally be populated.</li> </ul>
HL7 Cardinality	Indicator of the minimum and maximum number of times the element may appear. <ul style="list-style-type: none"> <li>• [0..0] Element never present.</li> <li>• [0..1] Element may be omitted and it can have at most, one Occurrence.</li> <li>• [1..1] Element must have exactly one Occurrence.</li> <li>• [0..n] Element may be omitted or may repeat up to n times.</li> <li>• [1..n] Element must appear at least once, and may repeat up to n times.</li> <li>• [0..*] Element may be omitted or repeat for an unlimited number of times.</li> <li>• [1..*] Element must appear at least once, and may repeat unlimited number of times.</li> <li>• [m..n] Element must appear at least m, and at most, n times.</li> </ul>
Implementation Notes	Related implementation comments.

Varicella Datamart Test Cases

Varicella Case Notification Variables and Test Data

Program-Specific Surveillance Variables							Test Record #1	Test Record #2	Test Record #3	Test Record #4
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name				
INV168	Case ID	Case ID	Number	R						
DEM115	Birth Date	Reported date of birth of patient.	Date	O			5/10/1968	10/20/1997	2/4/2001	7/16/1987
DEM113	Patient's sex	Patient's current sex.	Code	O		Sex (MFU)	M	M	F	F
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	Race Category	White	White	African American	White
DEM162	Patient Address State	Patient's address state.	Text	O		State				
DEM163	Patient Address Zip Code	Patient's address Zip code.	Text	O						
DEM165	Patient Address County	County of residence of the subject.	Code	O		County				
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	Hispanic	Non-hispanic	Non-hispanic	Non-hispanic
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Infectious Disease (NND)				
INV109	Case Investigation Status Code	Case Investigation Status Code (open or closed)					Open	Open	Open	Open
DEM126	Birth Country	Patient's country of birth.	Code	O		Country	Mexico	US	US	US
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned				
INV108	Program Area Code	Program Area Code				Local coding scheme not created in PHIN VADS				
NOT113	Reporting County	County reporting the notification.	Code	R		County				
NOT109	Reporting State	State reporting the investigation/case.	Coded	R		State				

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
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			12345	55412	19875	36547
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O			3/9/2008	6/18/2008	1/26/2008	9/30/2008
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)	250-499	50-249	<50	>500
VAR163	Number of lesions if less than 50	Number of lesions if less than 50	Numeric	O					40	
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)	N	Y	Y	N
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R			39	10	6	20
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Age Units	years	years	years	years
INV163	Case Class Status Code	Case class status code	Code	R		Case Class Status	confirmed	probable	probable	probable
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication	Numeric	R			11	25	4	40
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication	Date	R			2008	2008	2008	2008
INV114	Reporting Source Name	Name of the provider reporting the case (typically the patient's primary care provider)	Text	O						
INV115a	Reporting Source Address Line 1	Reporting source street address Line 1	Text	O						
INV115b	Reporting Source Address Line 2	Reporting source street address Line 2	Text	O						
INV116	Reporting Source Address City	Reporting source address city	Code	O		City				
INV119	Reporting Source Address County	Reporting source address county	Code	O		County				
INV117	Reporting Source Address State	Reporting source address state	Code	O		State				
INV118	Reporting Source Address Zip Code	Reporting source address Zip Code	Text	O						
INV122	Reporting Source Telephone Number	Reporting source telephone number	Text	O						
INV143	Illness Onset Age	Age at onset of illness	Numeric	O			39	10	6	20

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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
INV144	Illness Onset Age Units	Age units at onset of illness	C	O		Age Units	years	years	years	years
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O			3/9/2008	6/18/2008	1/26/2008	9/30/2008
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O			3/9/2008	6/18/2008	1/26/2008	9/30/2008
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O			3/10/2008	6/20/2008	1/29/2008	9/30/2008
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O			3/9/2008	6/18/2008	1/26/2008	9/30/2008
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			3/7/2008	6/17/2008	1/26/2008	9/28/2008
VAR102	Rash Onset Date	Date on which the physical manifestations of the illness—the rash—appeared	Date	O			3/8/2008	6/17/2008	1/26/2008	9/28/2008
VAR103	Rash Location	The anatomical location where the rash was located	Code	O		Rash Distribution (VZ)	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						
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 <i>Other</i> .	Code	O		Rash Location First Noted (VZ)	face/head	trunk	arms	face/head
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						
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)			Y	
VAR108	Number of Macules	If the value specified in Macules Present is <i>Yes</i> , indicate how many macules were present.	Numeric	O					10	
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)			Y	
VAR110	Number of Papules	If the value specified in Papules Present is <i>Yes</i> , indicate how many papules were present.	Numeric	O					20	
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)			Y	

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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
VAR112	Number of Vesicles	If the value specified in Vesicles Present is Yes , indicate how many vesicles were present.	Numeric	O					10	
VAR113	Mostly macular/papular	Indicate whether the lesions were mostly macular/papular.	Code	O		Yes No Unknown (YNU)	N	Y	Y	N
VAR114	Mostly vesicular	Indicate whether the lesions were mostly vesicular.	Code	O		Yes No Unknown (YNU)	Y	N	N	Y
VAR115	Hemorrhagic	Indicate whether the rash was hemorrhagic.	Code	O		Yes No Unknown (YNU)	N	N	N	Y
VAR116	Itchy	Indicate whether the patient complained of itchiness.	Code	O		Yes No Unknown (YNU)	Y	Y	Y	Y
VAR117	Scabs	Indicate whether there were scabs.	Code	O		Yes No Unknown (YNU)	Y	Y	Y	Y
VAR118	Crops/Waves	Indicate whether the lesions appeared in crops or waves.	Code	O		Yes No Unknown (YNU)	Y	Y	Y	Y
VAR119	Did rash crust	Indicate whether the rash crusted.	Code	O		Yes No Unknown (YNU)	Y	Y	Y	Y
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			7	4	4	9
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)	Y	N	N	Y
VAR123	Fever Onset Date	If the value specified in Did patient have fever? is Yes , indicate the date when the fever began.	Date	O			3/7/2008			9/28/2008
VAR124	Highest measured temperature	If the value specified in Did patient have fever? is Yes , indicate the highest temperature that was measured.	Numeric	O			102.5			103
INV2003	Temperature Units	Temperature Units (Fahrenheit or Celsius).	Code	O		Temperature Units	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			3			5

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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
VAR126	Is patient immunocompromised due to medical condition or treatment	Indicate whether the patient was immunocompromised (anergic).	Code	O		Yes No Unknown (YNU)	N	N	N	Y
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						cancer
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)	Y	N	Y	Y
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)	Y	N	N	Y
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)	N	N	N	N
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			N	N	N	N
VAR132	Encephalitis	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether there was encephalitis.	Code	O			Y	N	N	N
VAR133	Dehydration	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether the patient was diagnosed as being dehydrated.	Code	O			N	N	N	N
VAR134	Hemorrhagic condition	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether there was hemorrhagic condition.	Code	O			N	N	N	N
VAR135	Pneumonia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes , indicate whether pneumonia was a complication.	Code	O		Yes No Unknown (YNU)	N	N	N	Y
VAR136	How was pneumonia diagnosed	If the value in Pneumonia? is Yes , indicate how the pneumonia was diagnosed.	Code	O		Diagnosed Pneumonia By (VZ)				x-ray

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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
VAR137	Other complications	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there were other complications not cited here.	Code	O		Yes No Unknown (YNU)	N	N	N	N
VAR138	Other complication details	If the value specified in Other Complications? is true, list the other complication(s).	Text	O						
VAR139	Antiviral treatment	Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral.	Code	O		Yes No Unknown (YNU)	Y	N	N	Y
VAR140	Name of medication	If the value specified in Antiviral? is yes, list the name of the medication.	Text	O			acyclovir			acyclovir
VAR210	Name of the Medication if 'Other'	If Name of Medication is 'other', indicate name of medication	Text	O						
VAR141	Start Date of Medication	Start date of medication.	Date	O			3/9/2008			9/30/2008
VAR142	Stop Date of medication	Stop date of medication.	Date	O			3/16/2008			10/6/2008
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown (YNU)	Y	N	N	Y
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O			3/9/2008			9/30/2008
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O			3/17/2008			10/10/2008
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O			9			11
INV129	Hospital Name	Name of the healthcare facility in which the subject was hospitalized.	Text	O						
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)	N	N	N	N
INV146	Date of death	The date and time the subject's death occurred.	Date	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.	Code	O		Yes No Unknown (YNU)				
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						



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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
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	Born outside the US			Medical contraindication
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						
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				1	2	
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		Never offered vaccine		
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						
VAR150	Diagnosed with Varicella before	Indicate whether the patient has a prior diagnosis of varicella.	Code	O		Yes No Unknown (YNU)	U	N	Y	U
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					2	
INV2072	Age at Varicella diagnosis units	Age units of patient	Code	O		Age Units			years	
VAR152	Diagnosed by	Indicate who diagnosed the illness; if none of the choices apply choose <i>Other</i> .	Code	O		Diagnosed By (VZ)			parent	
VAR153	Previous Case Diagnosed by Other	If the value specified in Previous Case Diagnosed by is <i>Other</i> , indicate who diagnosed the case	Text	O						
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)	N	Y	Y	Y
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		Epilinked Case Type (VZ)		confirmed varicella case	probable varicella case	confirmed herpes zoster case

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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
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	Unknown	athletics	school	work
VAR157	Other transmission setting	If the value specified in Transmission Setting? is <i>Other</i> , describe the other transmission setting.	Text	O						
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)	N	N	N	N
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown (YNU)	N	Y	Y	N
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code		soccerpox	kinderpox	
INV178	Pregnancy status	Indicate whether the patient was pregnant during the course of this illness.	Code	O		Yes No Unknown (YNU)	N	N	N	N
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						
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				
VAR170	Was laboratory testing done for varicella?	Was laboratory testing done for varicella?	Coded	O		Yes No Unknown (YNU)	Y	N	N	Y
VAR171	Direct fluorescent antibody (DFA)?	Was direct fluorescent antibody (DFA) testing performed?	Coded	O		Yes No Unknown (YNU)	Y			N
VAR172	Date of DFA	Date of DFA	Date	O			3/9/2008			
VAR173	DFA Result	DFA Result	Coded	O		Lab Test Interpretation	positive			
VAR174	PCR specimen?	PCR specimen?	Coded	O		Yes No Unknown (YNU)	N			Y
VAR175	Date of PCR specimen	Date of PCR specimen	Date	O						9/30/2008
VAR176	Source of PCR specimen	Source of PCR specimen	Coded	O		PCR Specimen Source (VZ)				scab
VAR177	Specify other PCR source	Specify other PCR source	Text	O						
VAR178	PCR Result	PCR Result	Coded	O		Lab Test Interpretation				indeterminate
VAR179	Specify other PCR result	Specify other PCR result	Text	O						
VAR180	Culture performed?	Culture performed?	Coded	O		Yes No Unknown (YNU)	N			N
VAR181	Date of Culture Specimen	Date of Culture Specimen	Date	O						
VAR182	Culture Result	Culture Result	Coded	O		Lab Test Interpretation				

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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
VAR183	Was other laboratory testing done?	Was other laboratory testing done?	Coded	O		Yes No Unknown (YNU)	N			N
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)	Y			Y
VAR189	IgM performed?	IgM performed?	Coded	O		Yes No Unknown (YNU)	Y			Y
VAR190	Type of IgM Test	Type of IgM Test	Coded	O		IgM Test Type (VZ)	indirect ELISA			Indirect ELISA
VAR191	Specify Other IgM Test	Specify Other IgM Test	Text	O						
VAR192	Date IgM Specimen Taken	Date IgM Specimen Taken	Date	O			3/9/2008			9/30/2008
VAR193	IgM Test Result	IgM Test Result	Coded	O		Lab Test Interpretation	Indeterminate			indeterminate
VAR194	IgM Test Result Value	IgM Test Result Value	Text	O						
VAR195	IgG performed?	IgG performed?	Coded	O		Yes No Unknown (YNU)	Y			Y
VAR196	Type of IgG Test	Type of IgG Test	Coded	O		IgG Test Type (VZ)	gpELISA			whole cell ELISA
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)	CDC			Inverness Medical IgG ELISA
VAR199	Specify Other IgG Test	Specify Other IgG Test	Text	O						
VAR200	Date of IgG - Acute	Date of IgG - Acute	Date	O			3/9/2008			9/30/2008
VAR201	IgG - Acute Result	IgG - Acute Result	Coded	O		Lab Test Interpretation	positive			indeterminate
VAR202	IgG - Acute Test Result Value	IgG - Acute Test Result Value	Text	O						
VAR203	Date of IgG - Convalescent	Date of IgG - Convalescent	Date	O			3/20/2008			
VAR204	IgG - Convalescent Result	IgG - Convalescent Result	Coded	O		Lab Test Interpretation	positive			
VAR205	IgG - Convalescent Test Result Value	IgG - Convalescent Test Result Value	Text	O						

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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
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)	N			Y
VAR207	Date sent for genotyping	Date sent for genotyping	Date	O						9/30/2008
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)	N			Y
VAR209	Strain Type	Strain Type	Coded	O		Strain Type VZ				U
<b>Repeating group of Vaccine variables (up to 5 times) - OBX-4 Obs Sub-ID is same value for each group</b>										
VAC101	Vaccine Administered	The type of vaccine administered, (e.g., Varivax, MMRV)	Coded	O		Vaccines Administered (VZ)		Varivax	Varivax	
VAC107	Vaccine Manufacturer	Manufacturer of the vaccine	Coded	O		Vaccine Manufacturer (VZ)		Merck	Merck	
VAC108	Vaccine Lot Number	The vaccine lot number of the vaccine administered.	Text	O				VNR3450e	TZM76905	
VAC103	Vaccine Administered Date	The date that the vaccine was administered.	Date	O				10/20/1998	2/10/2002	
VAC101	Vaccine Administered	The type of vaccine administered, (e.g., Varivax, MMRV)	Coded	O		Vaccines Administered (VZ)			Varivax	
VAC107	Vaccine Manufacturer	Manufacturer of the vaccine	Coded	O		Vaccine Manufacturer (VZ)			Merck	
VAC108	Vaccine Lot Number	The vaccine lot number of the vaccine administered.	Text	O					KFD43215	
VAC103	Vaccine Administered Date	The date that the vaccine was administered.	Date	O					2/4/2006	

Varicella Datamart Test Cases

Mapping Methodology					
Test Record #5	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
	OBR-3-Filler Order Number where OBR-3.1 is the internally assigned case/investigation ID, OBR-3.3 is the OID for sending application as assigning authority, and OBR-3.4 is the literal value 'ISO'. The UID and label are not passed in the message.				
12/29/2004	PID-7 Date/Time of Birth (does not pass Variable ID or label)	TS	O	[0..1]	
F	PID-8 Administrative Sex (does not pass Variable ID or label)	IS	O	[0..1]	
African American	PID-10 Race (does not pass Variable ID or label)	CE	O	[0..*]	
	PID-11.4 Patient Address - State	ST	O	[0..*]	
	PID-11.5 Patient Address - Postal Code	ST	O	[0..*]	
	PID-11.9 Patient Address - County	IS	O	[0..*]	
Non-hispanic	PID-22 Ethnic Group (does not pass Variable ID or label)	CE	O	[0..1]	
	Default value in each OBR instance: '10030^Varicella Infection^2.16.840.1.1142224.5.78'				
Open					
US	Observation/OBX Segment with this UID and label under the Patient Subject section header in OBR-4.	CWE	O	[0..1]	Note that the mapping changed from PID-23 Birth Place attribute to using the DEM126 to create an observation.
	Observation/OBX Segment with this variable ID and label	IS	O	[0..1]	Note required by program
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	Note required by program
	Passed as an observation/OBX segment using this variable ID and label.	CWE	O	[0..1]	Note required by program

Varicella Datamart Test Cases

Test Record #5	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
85463	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
10/2/2008	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
<50	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	Note required by program
30					
Y	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	Note required by program
3	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	Note required by program
years	uses the INV2001 observation - maps to OBX-6-Units (does not use INV2002 ID or label)	CWE	O	[0..1]	Note required by program
confirmed	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	Note required by program
40	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	Note required by program
2008	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	Note required by program
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
3	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	

Varicella Datamart Test Cases

Test Record #5	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
years	uses INV143 observation - maps to <i>OBX-6-Units</i> (does not use INV144 ID or label)	CWE	O	[0..1]	
10/2/2008	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
10/2/2008	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
10/4/2008	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
10/2/2008	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
9/30/2008	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
9/30/2008	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
generalized	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
trunk	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
Y	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
30	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	

Varicella Datamart Test Cases

Test Record #5	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
Y	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
Y	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
Y	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
5	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
	maps to VAR124 observation/OBX segment as the value in <i>OBX-6-Units</i> ; the variable ID and label do not appear	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	



Varicella Datamart Test Cases

Test Record #5	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
Y	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	

Varicella Datamart Test Cases

Test Record #5	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TX	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TS	O	[0..1]	re-mapped from DEM128
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TX	O	[0..1]	

Varicella Datamart Test Cases

Test Record #5	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TX	O	[0..1]	
1	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	TX	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	

Varicella Datamart Test Cases

Test Record #5	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
daycare	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	ST	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	IS	O	[0..1]	
N	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	SN	O	[0..1]	
	Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
Y					
Y					
10/2/2008 positive					
Y					
10/2/2008 macular scraping					
positive					
N					



