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	VERSION: T	he version of this	Message Mapping Guide is Ve	rsion 1.2 Da	ted July. 201	2.		III.	_			•
			more ge mapping care to the									
1	"This artifa	act is considered to	o be a technical document. Pl	ease contac	t PHINTech@	cdc.gov, copying t	he NEDSS team a	at NEDSS@	cdc.gov for assist	tance with t	his artifact."	
 _	This Massage	Manning Guide descr	ibes the content and message mappi	na enecificatio	ne for the set of	data elements used to	communicate inform	ation to mee	at the requirements fo	r Arboviral Hun	nan Case Notificatio	ns to CDC. The intended
			state/local and CDC programs and o									
3					3		3		3 - 4		9	
4												
5	References											
	National Cond	dition Reporting Notifia	able Events and Reporting Mechanisn	ns for 2009 D	vision of Integra	ted Surveillance System	ms and Services Na	tional Center	for Public Health Info	ormatics Cente	ers for Disease Cont	rol and Prevention June 2009
6	Ivational Cont	dition reporting, riotine	tole Events and Reporting Weenamsin	13 101 200 <u>0</u> , D	vision of integra	ica darvemarice dyster	ns and octvices, ive	tional ocnici	TOT I UDITE TICALLIT TITLE	omalics, ocnic	or biscase cont	and revention, duric 2003.
7												
	National Mati	fination Massaca Struct	turo Chapification varsion 2.0 is word	to inform the	nannina math - d	alogy for this guida. Th	00 ODLIADO1 - Una	inited Obser	votion Magazza is the	LII 7 otopdord	managa uaad ta a	and the Nationally Natifiable
			ture Specification version 2.0 is used tional Notification message is used to									
			se of the Health Level 7 (HL7) Version									
8												
9												
	Column		Description									
	Program Var PHIN Variable	riables Column Headi	PHIN data element identifier drawn	from the eadin	a avetem DLL D	JINOusstians CDC						
	Label	ם פוט	Short name for the data element, w			TINQUESTIONS_CDC.						
 	Label		Description of the data element. It r			description in PHIN O	lestions heralise th	ere may he l	ocal variations on the	description the	at do not change the	hasic concept being manned to
14	Description		the PHIN Question identifier.	nay not mater	cacity with the	description in Frint Q	acstions, because tr	Cic may be i	ocal variations on the	acscription the	at do not change the	basic concept being mapped to
_	Data Type		Data type for the variable response	expected by the	ne program area	Data Types are Code	d, Numeric, Date or	Date/time, a	nd Text.			
	7.		· ·		, ,	, , , , , , , , , , , , , , , , , , ,	<u> </u>					
			Indicator whether the program spec	ifies the field a	s:							
			R - Required - Mandatory for sending								4b	if the extent the miters is releasing to
	CDC Priority		P - Preferred - This is an optional vicollect this information because it is									
			earmarked for CDC analysis/assess				, ODO Would like trik	momation	Schi. Obo preferred	variables are t	ne most important c	in the optional variables to be
			O - Optional - This is an optional va	ariable and the	re is no requiren	nent to send this inform				w if the state/te	rritory already collec	cts this information or is planning to
			collect this information, but has a lo	wer level of im	portance to CDC	than the preferred cla	ssification of optiona	l data eleme	nts.			
16												
	May Repeat		Indicator whether the response to the	ie data elemer	nt may repeat. "	" in the field indicates	that it may repeat. I	f the respons	se does not repeat, the	e field is not po	pulated or contains	"N". Data elements that repeat
17	, . topout		require special processing.									

Arboviral Human Case Notification Message Mapping Guide

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18	Value Set Nai		Name of the pre-coordinated value of Distribution Services. To obtain the 1. Go to http://phinvads.cdc.gov. 2. Click on the Views hyperlink 3. Enter Arboviral Human in the local 4. Click on Details next to Arboviral	valid code s okup box an	ets for the a	Arboviral H	Human implementatio				alth Information Netw	ork Vocabulary Access and		
19	Value Set Co		Code for the pre-coordinated value of Distribution Services. To obtain the 1. Go to http://phinvads.cdc.gov. 2. Click on the Views hyperlink 3. Enter Arboviral Human in the local 4. Click on Details next to Arboviral	valid code s okup box an	et for the A d press the	rboviral Ho Search Vie	uman implementation ews button.				alth Information Netw	ork Vocabulary Access and		
20 Message Mapping Methodology Column Headings 21 Message Context Specific HL7 segment and field mapping for the element.														
21	Message Con	ntext	Specific HL7 segment and field map	ping for the	element.									
22	HL7 Data Typ	oe .	HL7 data type used by PHIN to expr	ess the vari	able. Data	S, ST, TX, XPN, XTN,	or XAD, depending on the type of	of data being	passed.					
23	Indicates if the field is required, optional, or conditional in a segment. The only values that appear in the Message Mapping are: R - Required. Must always be populated On Optional May optionally be populated													
24	Implementation	on Notes	Related implementation comments.											
25			,											
26			Subject-Related/De	emograph	ic Variabl	es				Mappi	ng 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		
28	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. No UID or label is passed in the message.		
29		Receiving Application	CDC Receiving Application for this message.	OID	R				MSH-5 Receiving Application.	HD	R	Literal Value: 'CDC^2.16.840.1.114222.4.3 .2.3^ISO'		

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26			Subject-Related/De	emograph	ic Variabl	les				Mappii	ng Methodology	
27	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
30	NOT115	·	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.	EI	R	First instance literal value: 'NND_ORU_v2.0^PHINProfil elD^2.16.840.1.114222.4.10. 3^ISO' Second instance literal value: 'Arbo_Case_Map_v1.0^PHI NMsgMapID^2.16.840.1.114 222.4.10.4^ISO'.
31	DEM197	Local patient ID	The local ID of the patient/entity.	Text	R				PID-3 Patient Identifier List	СХ	R	Only the sending system's internally assigned patient id used for these de-identified messages where PID-3.1 ID Number is the local patient ID; PID-3.4 Assigning Authority format <localid&oid&iso> Does not pass Variable ID or label.</localid&oid&iso>
32	DEM100		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/2	Name Type (HL7)	PHVS_NameType _HL7_2x	PID-5 Patient Name field	XPN	R	Literal value: ~^^^^^S SECOND INSTANCE - where PID-5.7 Patient Name Type - is S for Pseudonym. HL7 reserves the first instance of the name for Legal Name.

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26			Subject-Related/D	emograph	ic Variab	les					ng Methodology	
27	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		Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	R				OBR-3-Filler Order Number	EI	R	<same each="" in="" instance="" obr="" value=""> 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.</same>
33												
34	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			PHVS_Notification SectionHeader_C DC	First OBR Segment-OBR-4- Universal Service ID.	CE	R	Literal Value: 'PERSUBJ^Person Subject^CDCPHINVS'
35	NOT101	Notification Type	Type of notification. Notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Coded	R		Section Header	PHVS_Notification SectionHeader_C DC	Second OBR Segment- OBR-4-Universal Service ID.	CE	R	Literal Value: 'NOTF^Individual Case Notification^CDCPHINVS'
36		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	<pre><same each="" in="" instance="" obr="" value=""> No UID or label is passed in the message.</same></pre>
37	NOT106	'	Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	Date/time	R				OBR-22-Result Report/Status Chg Date/time.	TS	R	<same each="" in="" instance="" obr="" value=""> No UID or label is passed in the message.</same>

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26			Subject-Related/D	emograph	ic Variab						ng Methodology	
27	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
	INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Notifiable	PHVS_NotifiableE vent_Disease_Co ndition_CDC_NN DSS	OBR-31 Reason for Study	CE	R	'This field should be populated using the standardized vocabulary from PHVS_NotifiableEvent_Dise ase_Condition_CDC_NNDS S Value Set Code for the conditions listed in the Event Codes tab.'
38												DMB Will fail the message if data is not received in this field.
39	DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	Р				PID-7 Date/Time of Birth	TS	0	No UID or label is passed in the message.
40	DEM113	Patient's sex	Patient's current sex.	Coded	Р		Sex (MFU)	PHVS_Sex_MFU	PID-8 Administrative Sex	IS	0	No UID or label is passed in the message.
	DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s). ArboNet specific note: Race Category does not repeat for this interface.	Coded	R			PHVS_RaceCateg ory_CDC	PID-10 Race	CE	0	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^NULLFL
41												No UID or label is passed in the message.
		Patient Address County	County of residence of the subject.	Coded	R			PHVS_County_FI PS_6-4	PID-11.9 Patient Address - County	IS	0	Use 5 character numeric code from PHVS_County_FIPS_6-4 DMB Will fail the message
42												if data is not received in this field.
43		Patient Address State	State of residence of the subject.	Coded	0			PHVS_State_FIP S_5-2	PID-11.4 Patient Address - State	ST	0	
44		Patient Address Zip Code	ZIP Code of residence of the subject.	Text	0				PID-11.5 Patient Address - Postal Code	ST	0	

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26			Subject-Related/De	emograph	ic Variabl	es				Mappi	ng 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
45	DEM155		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	Р		Ethnicity Group	PHVS_EthnicityGr oup_CDC	PID-22 Ethnic Group	CE		To send an "Unknown" because the application allows Unknown to be selected (that is, not as a default value): PID-22 would appear as UNK^Unknown^NULLFL
	NOT109	State	State reporting the notification.	Coded	R		State		Observation/OBX Segment with this variable ID and label	CWE		ArboNet: Business Process - message will fail if NOT109 is not populated with the numeric FIPS code. (does not pass Variable ID or label)
47	NOT116	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_ReportingA rea_TB	Observation/OBX segment using this variable ID and label.	CWE	0	
	INV168		Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	R				OBR-3-Filler Order Number	El	R	
	INV173	StateID	States use this field to link NEDSS investigations back to their own state investigations.	Text	R				Observation/OBX Segment with this variable ID and label	ST		DMB Will fail the message if data is not received in this field.
	INV128	Hospitalized	Was patient hospitalized because of this event?	Coded	0		Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	0	

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26			Subject-Related/De	emograph	ic Variab	les					ng Methodology	
27	PHIN Variable ID		·	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code		Type	HL7 Optionality	Implementation Notes
51	INV137	OnsetDate	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	R				Observation/OBX Segment with this variable ID and label	TS	0	The first 4 digits of this field is used to derive the arb_year value used by the Arboviral program. DMB will fail the message if no Date is received.
52	INV145	Fatality	Did the patient die from this illness or complications of this illness?	Coded	0		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
53	INV146	DateOfDeath	The date and time the subject's death occurred.	Date	0				Observation/OBX Segment with this variable ID and label	TS	0	
54	INV152	ImportedFrom	Indication of where the disease/condition was likely acquired.	Coded	0		Jurisdiction	PHVS_DiseaseAc quiredJurisdiction _NND	Observation/OBX Segment with this variable ID and label	CWE	0	
55	INV153	CountryOfOrigin	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Coded	0		Country	PHVS_Country_3 166-1	Observation/OBX Segment with this variable ID and label	CWE	0	
56	INV163	CaseStatus	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Coded	R			PHVS_CaseClass Status_NND	Observation/OBX Segment with this variable ID and label	CWE	0	Valid Values: Confirmed Not a Case Probable Suspect Note: 'Unk - Unknown' is not a valid value for the Arboviral System. If no data is received DMB will fail the message or If receive "Unknown" DMB will fail the message.

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26			Subject-Related/D	emograph	ic Variabl	es				Mappi	ng Methodology	
27	PHIN Variable ID	Label/Short Name	·	Data Type	CDC Priority	May Repeat	Value Set Name			Type	HL7 Optionality	Implementation Notes
57	INV178	Pregnant	Indicates whether the patient was pregnant at the time of the event.	Coded	0			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
58	INV2001	Age	Patient age at time of case investigation	Numeric	0				Observation/OBX Segment with this variable ID and label	SN	0	
59	INV2002	AgeUnit	Patient age units at time of case investigation	Coded	0			PHVS_AgeUnit_U CUM	OBX-6-Units	CE	0	
60	ARB001	Arbovirus	Type of arbovirus the case was infected with.	Coded	R		(Arboviral Disease)	_ArboviralDisease	Observation/OBX Segment with this variable ID and label	CWE	0	DMB Will fail the message if data is not received in this field.
61		ClinicalSyndrome	Clinical Syndrome is the type of clinical presentation the case had.	Coded	Р			drome_Arbovirus	Observation/OBX Segment with this variable ID and label	CWE	0	
62	ARB003	LabAcquired	Person fell ill with arboviral illness that was likely acquired due to work with infectious agents in a laboratory setting.	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
63	ARB004	NonLabAcquired	Non-Lab Occupationally Acquired. Indicates possible infection in an occupational setting that is not a laboratory.	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
64	ARB005	BloodDonor	Person who fell ill with arboviral illness and reported that they had donated blood sometime within the last 30 days prior to onset.	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
65	ARB006	BloodTransfusion	Person who fell ill with arboviral illness and reported that they had received a blood transfusion sometime within the last 30 days prior to onset.	Coded	R		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	

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26			Subject-Related/D	emograph	ic Variab	les				Mappii	ng Methodology	
27	Variable ID	Label/Short Name	·	Data Type	CDC Priority	May Repeat	Value Set Name			Type	HL7 Optionality	Implementation Notes
66	ARB007	Š	Person who fell ill with arboviral illness and reported that they had donated an organ sometime within the last 30 days prior to onset.	Coded	R		(YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
67	ARB008	3	Person who fell ill with arboviral illness and reported that they had received an organ transplant sometime within the last 30 days prior to onset.	Coded	R			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB009		Person who fell ill with arboviral illness and reported that they were breast feeding or breast fed prior to the illness onset.	Coded	R			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
69	ARB010		Infant that was born to a mother who had a WNV illness/infection during their pregnancy.	Coded	R			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
70	ARB011	Published	Published indicator	Boolean	R			PHVS_YesNo_HL 7_2x	Observation/OBX Segment with this variable ID and label	CWE	0	DMB will fail the message if no Data is received.
71	ARB012		Did the patient suffer Acute Flaccid Paralysis?	Coded	R			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
72		onorScreening	Donors who have been identified as having a WNV infection through routine blood donation screening by the blood collection agency. May or may not be symptomatic.	Coded	R			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB014	DateOfDonation	Date of blood donation	Date	Р				Observation/OBX Segment with this variable ID and label	TS	0	

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27	PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name		, and the second	Type	HL7 Optionality	Implementation Notes
74	ARB015		Information on whether the specimen was tested in public health labs or exclusively in commercial laboratories.	Coded	Р		Public Private Lab	PHVS_PublicPriva teLab_NND	Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB016		Before your infection, did a health care provider ever tell you that you had diabetes?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
76	ARB017	RiskFactorHyperte nsion	Before your infection, did a health care provider ever tell you that you had high blood pressure (hypertension)?	Coded	Р		Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	0	
77	ARB018	RiskFactorHeartAtt ack	Before your infection, did a health care provider ever tell you that you had heart attack (myocardial infarction)?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB019	yArtery	Before your infection, did a health care provider ever tell you that you had angina or coronary artery disease?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
79	ARB020	RiskFactorCHF	Before your infection, did a health care provider ever tell you that you had congestive heart failure (CHF)?	Coded	Р		Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB021	RiskFactorStroke	Before your infection, did a health care provider ever tell you that you had a stroke (CVA)?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
81	ARB022		Before your infection, did a health care provider ever tell you that you had chronic obstructive pulmonary disease (COPD)?	Coded	Р		Yes No Unknown (YNU)	nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
82	ARB023	RiskFactorLiverDis ease	Before your infection, did a health care provider ever tell you that you had chronic liver disease?	Coded	Р		Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	0	

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27	PHIN Variable ID	Label/Short Name	·	Data Type		May Repeat	Value Set Name			Туре		Implementation Notes
83	ARB024	sease	Before your infection, did a health care provider ever tell you that you had kidney/renal disease or failure?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB025	RiskFactorAlcoholi sm	History of alcoholism?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
85		rrowTrans	History of bone marrow transplant	Coded	Р		(YNU)	nown_CDC	Observation/OBX Segment with this variable ID and label		0	
86		anTransplant	History of solid organ transplant?	Coded	Р		(YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label		0	
87		ransplanted	What organ was transplanted? (may be multiple organs)	Coded	Р	Y		PHVS_Transplant Organ_CDC	Observation/OBX Segment with this variable ID and label		0	
88	ARB029	ansplantYear	What year was the transplant? (may be multiple years for multiple transplants)	Date	Р	Y			Observation/OBX Segment with this variable ID and label	TS	0	
89	ARB030	RiskFactorCancer	History of cancer?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
90	ARB031	уре	If the patient reported cancer, what type(s)? (may be one or more cancer types)	Coded	Р	Y		PHVS_CancerTyp e_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
91		ear	What year was cancer diagnosed? (may be multiple years)	Date	Р	Y			Observation/OBX Segment with this variable ID and label		0	
92		reatment	Are you currently being treated for cancer?	Coded	Р		(YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label		0	
93	ARB034	Suppressed	At the time you were diagnosed with West Nile virus infection, were you immune suppressed?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	

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26		•	Subject-Related/De	emograph	ic Variab	les				Mappii	ng Methodology	
27	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
94	ARB035	RiskFactorImmune Condition	If the patient reported being immune suppressed, what is the immune condition?	Coded	Р		ed Condition	ppressedConditio n_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
95	ARB036	RiskFactorChemo	At the time you were diagnosed with West Nile virus infection, were you undergoing chemotherapy?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
96	ARB037	RiskFactorOtherCa ncer	At the time you were diagnosed with West Nile virus infection, were you undergoing other treatments for cancer?	Coded	P			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
97		RiskFactorHemodi alysis	At the time you were diagnosed with West Nile virus infection, were you undergoing hemodialysis?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
00	ARB039	RiskFactorOtherKid neyTreatment	At the time you were diagnosed with West Nile virus infection, were you undergoing other treatments for kidney disease?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
98	ARB040	RiskFactorSteroids	At the time you were diagnosed with West Nile virus infection, were you receiving oral or injected steroids?	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
100		RiskFactorInsulin	At the time you were diagnosed with West Nile virus infection, were you receiving insulin or other medications to treat diabetes?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
100	ARB042	RiskFactorHyperte nsionMeds	At the time you were diagnosed with West Nile virus infection, were you receiving medications to treat high blood pressure?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	

Arboviral Human Case Notification Message Mapping Guide

	Α	В	С	D	E	F	G	Н	J	K	L	M
26	Subject-Related/Demographic Variables								Mapping Methodology			
27	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
102	ARB043	yArteryMeds	At the time you were diagnosed with West Nile virus infection, were you receiving medications to treat coronary artery disease?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
103			At the time you were diagnosed with West Nile virus infection, were you receiving medications to treat congestive heart failure?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
104	ARB045	SuppressMeds	At the time you were diagnosed with West Nile virus infection, were you receiving medications that suppress the immune system?	Coded	Р		Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	0	
105		RiskFactorPatient	Is the patient the source of the medical information?	Coded	Р		Yes No Indicator (HL7)	PHVS_YesNo_HL 7_2x	Observation/OBX Segment with this variable ID and label	CWE	0	
106		RiskFactorProvider	Is the provider the source of the medical information?	Coded	Р		Yes No Indicator (HL7)	7_2x	Observation/OBX Segment with this variable ID and label	CWE	0	
107			Is the patient's family the source of the medical information?	Coded	Р		Yes No Indicator (HL7)	7_2x	Observation/OBX Segment with this variable ID and label	CWE	0	
108			Is the medical record the source of the medical information?	Coded	Р		Yes No Indicator (HL7)	PHVS_YesNo_HL 7_2x	Observation/OBX Segment with this variable ID and label	CWE	0	