

Varicella Notification Message Mapping Guide

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

This Message Mapping Guide describes the content and message mapping specifications for the set of data elements used to communicate information to meet the requirements for Varicella Individual Case notifications to CDC. The intended audience for this document are the state/local and CDC programs and other public health related organizations interested in using the HL7 V2.5 case notification message specification for transmitting their data elements.

The ORU^R01 - Unsolicited Observation Message is the HL7 standard message used to pass the Nationally Notifiable Condition Report message. The National Notification message is used to convey a de-identified subset of investigation/surveillance information to meet national reporting requirements, where CDC is the only receiver. Additional information about the methodology utilized for national notifications as an ORU message can be found in Section 2 of the [MESSAGE STRUCTURE SPECIFICATION for NATIONAL CONDITION REPORTING Version 1.0](#) document. This document specifies the structure and methodology for the use of the Health Level 7 (HL7) Version 2.5 Unsolicited Result Message (ORU^R01) that supports the electronic interchange of any de-identified Nationally Notifiable Condition message from public health entities to the CDC.

References

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

Understanding the Organization of the Mapping Guide

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

Variables as Observations

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

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

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

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|---------------------------------------|---|-----------|-------------|------------|----------------------------------|-----------------|----------------------|
| INV134 | Duration of hospital stay in days | Subject's duration of stay at the hospital for the condition covered by the investigation. | Numeric | O | | | | Generic Observations |
| INV136 | Diagnosis Date | Date of diagnosis of condition being reported to public health system | Date | O | | | | Generic Observations |
| INV137 | Date of Illness Onset | Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. | Date | O | | | | Generic Observations |
| INV143 | Illness Onset Age | Age at onset of illness | Numeric | O | | | | Generic Observations |
| INV144 | Illness Onset Age Units | Age units at onset of illness | Code | O | | Days Months Weeks Years | | Generic Observations |
| INV145 | Did the patient die from this illness | Did the patient die from this illness or complications of this illness? | Code | O | | Yes No Unknown | | Generic Observations |
| INV146 | Date of death | The date and time the subject's death occurred. | Date | O | | | | Generic Observations |
| INV147 | Investigation Start Date | The date the case investigation was initiated. | Date | O | | | | Generic Observations |
| INV150 | Case outbreak indicator | Denotes whether the reported case was associated with an identified outbreak. | Code | O | | Yes No Unknown | | Generic Observations |
| INV151 | Case Outbreak Name | A state-assigned name for an identified outbreak. | Code | O | | state-assigned code | | Generic Observations |

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

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|---|--|---|--------------|-------------|------------|--|-----------------|------------------------|
| INV116 | Reporting Source Address City | Reporting source address city | Code | O | | | | Generic Observations |
| INV117 | Reporting Source Address State | Reporting source address state | Code | O | | | | Generic Observations |
| INV119 | Reporting Source Address County | Reporting source address county | Code | O | | | | Generic Observations |
| INV122 | Reporting Source Telephone Number | Reporting source telephone number | Alphanumeric | O | | | | Generic Observations |
| NOT113 | Reporting County | County reporting the notification. | Code | R | | | | Generic Observations |
| INV2006 | Case Close Date | Date the case investigation status was marked as Closed. | Date | O | | | | Generic Observations |
| VARICELLA SPECIFIC DATA ELEMENTS | | | | | | | | Varicella Observations |
| VAR100 | Number of lesions in total | Choose the numeric range within which a count of the patient's lesions falls. | Code | R | | < 50 50 - 249 250 - 499 > 500 | | Varicella Observations |
| VAR101 | Did the patient receive Varicella-containing vaccine | Indicate whether the patient received varicella-containing vaccine; a value of Yes or No enables other fields in this section, allowing for answers to their questions. | Code | R | | Yes No Unknown | | Varicella Observations |
| VAR102 | Rash Onset Date | Date on which the physical manifestations of the illness—the rash—appeared | Date | O | | | | Varicella Observations |
| VAR103 | Rash Location | The anatomical location where the rash was located | Code | O | | Generalized Focal Unknown | | Varicella Observations |

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

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

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|--|--|-----------|-------------|------------|-----------------------|-----------------|------------------------|
| VAR120 | Number of Days until lesions crusted over | If the value specified in Did the rash crust? is <i>Yes</i> , enter the number of days that transpired for all of the lesions to crust over. | Numeric | O | | | | Varicella Observations |
| VAR121 | Number of Days rash lasted | If the value specified in Did the rash crust? is <i>No</i> , enter the number of days that the rash was present. | Numeric | O | | | | Varicella Observations |
| VAR122 | Fever | Indicate whether the patient had a fever during the course of the illness. | Code | O | | Yes No Unknown | | Varicella Observations |
| VAR123 | Fever Onset Date | If the value specified in Did patient have fever? is <i>Yes</i> , indicate the date when the fever began. | Date | O | | | | Varicella Observations |
| VAR124 | Highest measured temperature | If the value specified in Did patient have fever? is <i>Yes</i> , indicate the highest temperature that was measured. | Numeric | O | | | | Varicella Observations |
| INV2003 | Temperature Units | Temperature Units (Fahrenheit or Celsius). | Code | O | | Fahrenheit Celsius | | Varicella Observations |
| VAR125 | Fever Duration in Days | If the value specified in Did patient have fever? is <i>Yes</i> , indicate the number of days for which the patient had a fever. | Numeric | O | | | | Varicella Observations |
| VAR126 | Is patient immunocompromised due to medical condition or treatment | Indicate whether the patient was immunocompromised (anergic). | Code | O | | Yes No Unknown | | Varicella Observations |

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|---|--|--------------|-------------|------------|----------------------|-----------------|------------------------|
| VAR127 | Medical Condition or Treatment | If the value specified in Is patient immunocompromised due to medical condition or treatment? is Yes, indicate the medical condition or treatment associated with the patient being anergic. | Alphanumeric | O | | | | Varicella Observations |
| VAR128 | Did patient visit a healthcare provider during this illness | Indicate whether the patient visited a healthcare provider during the course of this illness. | Code | O | | Yes No Unknown | | Varicella Observations |
| VAR129 | Did patient develop any complications that were diagnosed by a healthcare provider? | If the value specified in Did patient visit a healthcare provider during this illness? is Yes, indicate whether the patient developed complications (as described). | Code | O | | Yes No Unknown | | Varicella Observations |
| VAR130 | Skin/soft tissue infection | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was skin or soft tissue infection. | Code | O | | Yes No Unknown | | Varicella Observations |
| VAR131 | Cerebellitis/ ataxia | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was cerebellitis/ataxia. | Code | O | | | | Varicella Observations |

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|-----------------------------|---|-----------|-------------|------------|---|-----------------|------------------------|
| VAR132 | Encephalitis | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was encephalitis. | Code | O | | | | Varicella Observations |
| VAR133 | Dehydration | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether the patient was diagnosed as being dehydrated. | Code | O | | | | Varicella Observations |
| VAR134 | Hemorrhagic condition | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was hemorrhagic condition. | Code | O | | | | Varicella Observations |
| VAR135 | Pneumonia | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether pneumonia was a complication. | Code | O | | Yes No Unknown | | Varicella Observations |
| VAR136 | How was pneumonia diagnosed | If the value in Pneumonia? is Yes, indicate how the pneumonia was diagnosed. | Code | O | | Medical Doctor Radiographic imaging procedure Unknown | | Varicella Observations |

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|----------------------------|---|--------------|-------------|------------|----------------------|-----------------|------------------------|
| VAR137 | Other complications | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there were other complications not cited here. | Code | O | | Yes No Unknown | | Varicella Observations |
| VAR138 | Other complication details | If the value specified in Other Complications? is true, list the other complication(s). | Alphanumeric | O | | | | Varicella Observations |
| VAR139 | Antiviral treatment | Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral. | Code | O | | Yes No Unknown | | Varicella Observations |
| VAR140 | Name of medication | If the value specified in Antiviral? is yes, list the name of the medication. | Alphanumeric | O | | | | Varicella Observations |
| VAR141 | Start Date of Medication | Start date of medication. | Date | O | | | | Varicella Observations |
| VAR142 | Stop Date of medication | Stop date of medication. | Date | O | | | | Varicella Observations |
| VAR143 | Autopsy performed | If a value of Yes is specified in Did the patient die from this illness or complications associated with this illness?, indicate whether an autopsy was performed for the death. | Code | O | | Yes No Unknown | | Varicella Observations |

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|---|--|--------------|-------------|------------|---|-----------------|------------------------|
| VAR144 | Cause of death | If a value of Yes is specified in Did the patient die from this illness or complications associated with this illness?, indicate the official cause of death. | Alphanumeric | O | | | | Varicella Observations |
| VAR145 | Reason why patient did not receive Varicella-containing vaccine | If the value in Did the patient receive varicella-containing vaccine? is No, choose the reason why the patient did not receive the vaccine; if none of the specific choices in the list apply, choose Other. | Code | O | | Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown | | Varicella Observations |

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|---|---|--------------|-------------|------------|--------------|-----------------|------------------------|
| VAR146 | Other reason why patient did not receive Varicella-containing vaccine | If the value specified in Reason why patient did not receive varicella-containing vaccine is <i>Other</i> , indicate the reason (a reason other than those provided in the list). | Alphanumeric | O | | | | Varicella Observations |
| VAR147 | Number of doses received on or after first birthday | If the value in Did the patient receive varicella-containing vaccine? is Yes, indicate the number of doses received (before the patient's first birthday). | Numeric | O | | | | Varicella Observations |

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|--|--|--------------|-------------|------------|--|-----------------|------------------------|
| VAR148 | Reason patient is >= 13 years old and received one dose on or after 13th birthday but never received second dose | Reason patient is >= 13 years old and received one dose on or after 13th birthday, but never received second dose. | Code | O | | Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown | | Varicella Observations |
| VAR149 | Other reason patient did not receive second dose | If the value specified in Number of doses received on or after first birthday is 1 (one), choose from the list the reason the patient never received the second dose; if none of the specific choices in the list apply, choose <i>Other</i> . | Alphanumeric | O | | | | Varicella Observations |
| VAR150 | Diagnosed with Varicella before | Indicate whether the patient has a prior diagnosis of varicella. | Code | O | | Yes No Unknown | | Varicella Observations |

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|---|---|-----------|-------------|------------|---|-----------------|------------------------|
| VAR151 | Age at diagnosis | Age at diagnosis | Numeric | O | | | | Varicella Observations |
| INV2072 | Age at diagnosis units | Age units of patient | Code | O | | Days Months Weeks Years | | Varicella Observations |
| VAR152 | Diagnosed by | Indicate who diagnosed the illness; if none of the choices apply choose <i>Other</i> . | Code | O | | Other Parent/Friend Physician/Health Care Provider | | Varicella Observations |
| VAR154 | Is this case epi-linked to another confirmed or probable case | Indicate whether this case is epi-linked to another case (confirmed or probable). | Code | O | | Yes No Unknown | | Varicella Observations |
| VAR155 | Type of case this case is epi-linked to | If the value specified in Is this case epi-linked to another confirmed or probable case? is <i>Yes</i> , indicate the kind of case with which the current case is epi-linked. | Code | O | | Confirmed Varicella Case Herpes Zoster Case Probable Varicella Case | | Varicella Observations |

| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Valid Values | Data Validation | TAB REFERENCE |
|------------------|--|---|--------------|-------------|------------|--|-----------------|------------------------|
| VAR156 | Transmission setting (setting of exposure) | Location where the patient was exposed to the illness; if none of the specific choices in the list apply, choose <i>Other</i> . | Code | O | | Athletics Place of Worship College Community Correctional Facility Daycare Doctor's Office Hospital ER Home Military Hospital outpatient clinic Other School International Travel Unknown Hospital Ward Work | | Varicella Observations |
| VAR157 | Other transmission setting | If the value specified in Transmission Setting? is <i>Other</i> , describe the other transmission setting. | Alphanumeric | O | | | | Varicella Observations |
| VAR158 | Is this case a healthcare worker | Indicate whether the patient who is the subject of the current case is a healthcare worker. | Code | O | | Yes No Unknown | | Varicella Observations |
| VAR159 | Number of weeks gestation | If the patient was pregnant during the illness, indicate the number of weeks of gestation at the onset of the illness. | Numeric | O | | | | Varicella Observations |

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

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

Revisions

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

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 . |
| Data Validation | Business rules used for validating data integrity |
| Message Mapping Methodology Section | |
| Message Context | Specific HL7 segment and field mapping for the element. |
| HL7 Data Type | HL7 data type used by PHIN to express the variable. |
| HL7 Optionality | Indicates if the field is required, optional, or conditional in a segment. The only values that appear in the Message Mapping are: <ul style="list-style-type: none"> • R – Required. Must always be populated • O – Optional. May optionally be populated. |
| HL7 Repeats | Indicates whether the field may repeat. The only values that appear in the Message Mapping are: <ul style="list-style-type: none"> • Y – HL7 allows the field to repeat an indefinite or site-determined number of times. • N or blank – No repetition. |
| Implementation Notes | Related implementation comments. |

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

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

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

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

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

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

| Generic Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|--------------------------------|-----------------------------------|---|--------------|-------------|------------|----------------|-----------------|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| INV115b | Reporting Source Address Line 2 | Reporting source street address Line 2 | Alphanumeric | O | | | | Observation/OBX Segment with this variable ID and label | ST | O | Y | expecting only one instance |
| INV116 | Reporting Source Address City | Reporting source address city | Code | O | | City | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| INV117 | Reporting Source Address State | Reporting source address state | Code | O | | State | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| INV118 | Reporting Source Zip Code | Zip Code of the reporting source for this case. | Alphanumeric | O | | | | Observation/OBX Segment with this variable ID and label | ST | O | Y | expecting only one instance |
| INV119 | Reporting Source Address County | Reporting source address county | Code | O | | County | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| INV120 | Earliest Date Reported to County | Earliest date reported to county public health system | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| INV121 | Earliest Date Reported to State | Earliest date reported to state public health system | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| INV122 | Reporting Source Telephone Number | Reporting source telephone number | Alphanumeric | O | | | | Observation/OBX Segment with this variable ID and label | ST | O | Y | expecting only one instance |

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

| Generic Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|--------------------------------|-----------------------------------|--|--------------|-------------|------------|----------------------|--|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| INV128 | Hospitalized | Was patient hospitalized because of this event? | Code | O | | Yes No Unknown (YNU) | 1) If the patient was hospitalized for this illness, then enable entry of admission date 2) If the patient was hospitalized for this illness, then enable entry of discharge date 3) If the patient was hospitalized for this illness, then enable entry of total duration of stay in the hospital in days 4) If the patient was hospitalized for this illness, then enable entry of hospital information | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| INV129 | Hospital Name | Name of the healthcare facility in which the subject was hospitalized. | Alphanumeric | O | | | | Observation/OBX Segment with this variable ID and label | ST | O | Y | expecting only one instance |
| INV132 | Admission Date | Subject's admission date to the hospital for the condition covered by the investigation. | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| INV133 | Discharge Date | Subject's discharge date from the hospital for the condition covered by the investigation. | Date | O | | | If the user enters the Discharge Date, then the date must be >= Admission Date | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| INV134 | Duration of hospital stay in days | Subject's duration of stay at the hospital for the condition covered by the investigation. | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |

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

| Generic Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|--------------------------------|-------------------------|--|-----------|-------------|------------|----------------------|---|--|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| INV136 | Diagnosis Date | Date of diagnosis of condition being reported to public health system | Date | O | | | 1) If the user enters the Diagnosis Date, then the date must be >= Illness Onset Date 2) If the user enters the Diagnosis Date, then the date must be >= Rash Onset Date | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| INV137 | Date of Illness Onset | Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| INV138 | Illness End Date | Time at which the disease or condition ends. | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | |
| INV139 | Illness Duration | Length of time this person had this disease or condition. | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | |
| INV140 | Illness Duration Units | Unit of time used to describe the length of the illness or condition. | Code | O | | Duration Unit (UCUM) | | Observation/OBX Segment with this variable ID and label | CE | O | Y | |
| INV143 | Illness Onset Age | Age at onset of illness | Numeric | O | | | age units required | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |
| INV144 | Illness Onset Age Units | Age units at onset of illness | Code | O | | Age Unit | | uses INV143 observation - maps to <i>OBX-6-Units</i> (does not use INV144 ID or label) | CE | O | | expecting only one instance |

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

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

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

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

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

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

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

| Generic Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|--------------------------------|-----------------------------|--|-----------|-------------|------------|----------------------|--|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| INV162 | Confirmation Date | If an investigation is confirmed as a case, the confirmation date is entered. | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | |
| INV163 | Case Class Status Code | Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions. | Code | R | | Case Class Status | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| INV165 | MMWR Week | MMWR Week for which case information is to be counted for MMWR publication. | Numeric | R | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |
| INV166 | MMWR Year | MMWR Year (YYYY) for which case information is to be counted for MMWR publication. | Date | R | | Case Class Status | | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| INV176 | Date of First Report to CDC | Date the case was first reported to the CDC. | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | |
| INV177 | Date First Reported PHD | Earliest date the case was reported to a public health department. | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | |
| INV178 | Pregnancy status | Indicates whether the patient was pregnant at the time of the event. | Code | | | Yes No Unknown (YNU) | 1) If the case is a female and is/was pregnant, enable entry of number of weeks gestation at onset of illness (VAR159) 2) If the case is a female and is/was pregnant, enable entry of trimester at onset of illness (VAR160) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |

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

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

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|--|---|-----------|-------------|------------|------------------------|---|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR100 | Number of lesions in total | Choose the numeric range within which a count of the patient's lesions falls. | Code | R | | Number Of Lesions (VZ) | 1) If Number of Lesions <50 are present, then enable entry of total number of lesions 2) If Number of Lesions <50 are present, then enable entry of Macule, Papule, and/or Vesicle type and enable entry of count for each type of count | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR101 | Did the patient receive Varicella-containing vaccine | Indicate whether the patient received varicella-containing vaccine; a value of Yes or No enables other fields in this section, allowing for answers to their questions. | Code | R | | Yes No Unknown (YNU) | If the patient did not receive varicella-containing vaccine, then enable entry of reason why varicella-containing vaccine was not received (VAR145) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR102 | Rash Onset Date | Date on which the physical manifestations of the illness—the rash—appeared | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| VAR103 | Rash Location | The anatomical location where the rash was located | Code | O | | Rash Distribution (VZ) | 1) If Rash Location = "Focal", the enable entry of Dermatome (VAR104) 2) If Rash Location = "Generalized", the enable entry of Location First Noted (VAR105) 3) If Generalized Rash Location = "Other", the enable entry of Other Location First Noted (VAR106) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR104 | Dermatome | If a value of <i>Focal</i> is specified in the Rash Location field, enter the nerve where the rash occurred (lumbar or thoracic, with a number) | phanume | O | | | | Observation/OBX Segment with this variable ID and label | ST | O | Y | expecting only one instance |

Varicella Case Notification Variables

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

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|------------------------|--|-----------|-------------|------------|----------------------|---|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR110 | Number of Papules | If the value specified in Papules Present is Yes, indicate how many papules were present. | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |
| VAR111 | Vesicles Present | If the value specified in Total Number of Lesions is < 50, indicate whether vesicles were present. | Code | O | | Yes No Unknown (YNU) | If Number of Lesions <50 and vesicles (fluid lesions) are present, then enable entry of number of vesicles (fluid lesions) VAR112 | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR112 | Number of Vesicles | If the value specified in Vesicles Present is Yes, indicate how many vesicles were present. | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |
| VAR113 | Mostly macular/papular | Indicate whether the lesions were mostly macular/papular. | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR114 | Mostly vesicular | Indicate whether the lesions were mostly vesicular. | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR115 | Hemorrhagic | Indicate whether the rash was hemorrhagic. | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR116 | Itchy | Indicate whether the patient complained of itchiness. | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR117 | Scabs | Indicate whether there were scabs. | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR118 | Crops/Waves | Indicate whether the lesions appeared in crops or waves. | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR119 | Did rash crust | Indicate whether the rash crusted. | Code | O | | Yes No Unknown (YNU) | 1) If the rash crusted, then enable entry of how many days until all the lesions crusted over (VAR120) 2) If the rash did not crust, then enable entry of how many days the rash lasted (VAR121) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|---|--|-----------|-------------|------------|----------------------|---|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR120 | Number of Days until lesions crusted over | If the value specified in Did the rash crust? is Yes, enter the number of days that transpired for all of the lesions to crust over. | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |
| VAR121 | Number of Days rash lasted | If the value specified in Did the rash crust? is No, enter the number of days that the rash was present. | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |
| VAR122 | Fever | Indicate whether the patient had a fever during the course of the illness. | Code | O | | Yes No Unknown (YNU) | 1) If the patient had a fever, then enable entry of date of fever onset (VAR123) 2) If the patient had a fever, then enable entry of date of highest measured temperature (VAR124) 3) If the patient had a fever, then enable entry of total number of days with fever (VAR125) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR123 | Fever Onset Date | If the value specified in Did patient have fever? is Yes, indicate the date when the fever began. | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| VAR124 | Highest measured temperature | If the value specified in Did patient have fever? is Yes, indicate the highest temperature that was measured. | Numeric | O | | | If highest temperature measured, then enable entry of the highest measured temperature in Fahrenheit or Celsius | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |
| INV2003 | Temperature Units | Temperature Units (Fahrenheit or Celsius). | Code | O | | Temperature Unit | | maps to VAR124 observation/OBX segment as the value in <i>OBX-6-Units</i> ; the variable ID and label do not appear | CE | O | | |

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|---|--|-----------|-------------|------------|----------------------|--|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR125 | Fever Duration in Days | If the value specified in Did patient have fever? is Yes, indicate the number of days for which the patient had a fever. | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |
| VAR126 | Is patient immunocompromised due to medical condition or treatment | Indicate whether the patient was immunocompromised (anergic). | Code | O | | Yes No Unknown (YNU) | If the patient was immunocompromised due to medical condition or treatment, then enable entry of medical condition or treatment (VAR127) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR127 | Medical Condition or Treatment | If the value specified in Is patient immunocompromised due to medical condition or treatment? is Yes, indicate the medical condition or treatment associated with the patient being anergic. | phancode | O | | | | Observation/OBX Segment with this variable ID and label | ST | O | Y | expecting only one instance |
| VAR128 | Did patient visit a healthcare provider during this illness | Indicate whether the patient visited a healthcare provider during the course of this illness. | Code | O | | Yes No Unknown (YNU) | Enable Complications field (VAR129) only if patient did visit a healthcare provider | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR129 | Did patient develop any complications that were diagnosed by a healthcare provider? | If the value specified in Did patient visit a healthcare provider during this illness? is Yes, indicate whether the patient developed complications (as described). | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|----------------------------|---|-----------|-------------|------------|----------------------|---|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR130 | Skin/soft tissue infection | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was skin or soft tissue infection. | Code | O | | Yes No Unknown (YNU) | 1) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was skin/soft tissue infection 2) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Cerebellitis/Ataxia 3) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Encephalitis 4) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Dehydration 5) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Hemorrhagic Condition 6) If the patient developed any complications that were diagnosed by a healthcare provider, then enable entry of if complication was Pneumonia 7) If the patient developed "other" complications that were diagnosed by a healthcare provider, then enable entry of "other" complication | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR131 | Cerebellitis/ ataxia | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was cerebellitis/ataxia. | Code | O | | | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|-----------------------------|---|-----------|-------------|------------|-----------------------------|---|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR132 | Encephalitis | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was encephalitis. | Code | O | | | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR133 | Dehydration | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether the patient was diagnosed as being dehydrated. | Code | O | | | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR134 | Hemorrhagic condition | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was hemorrhagic condition. | Code | O | | | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR135 | Pneumonia | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether pneumonia was a complication. | Code | O | | Yes No Unknown (YNU) | If the patient developed any Pneumonia, then enable entry of how pneumonia was diagnosed (VAR136) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR136 | How was pneumonia diagnosed | If the value in Pneumonia? is Yes, indicate how the pneumonia was diagnosed. | Code | O | | Diagnosed Pneumonia By (VZ) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|----------------------------|---|------------|-------------|------------|----------------------|---|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR137 | Other complications | If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there were other complications not cited here. | Code | O | | Yes No Unknown (YNU) | If the patient developed "other" complications that were diagnosed by a healthcare provider, then enable entry of "other" complication (VAR138) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR138 | Other complication details | If the value specified in Other Complications? is true, list the other complication(s). | phanumeric | O | | | | Observation/OBX Segment with this variable ID and label | TX | O | Y | expecting only one instance |
| VAR139 | Antiviral treatment | Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral. | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR140 | Name of medication | If the value specified in Antiviral? is yes, list the name of the medication. | phanumeric | O | | | | Observation/OBX Segment with this variable ID and label | ST | O | Y | expecting only one instance |
| VAR141 | Start Date of Medication | Start date of medication. | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| VAR142 | Stop Date of medication | Stop date of medication. | Date | O | | | | Observation/OBX Segment with this variable ID and label | TS | O | Y | expecting only one instance |
| VAR143 | Autopsy performed | If a value of Yes is specified in Did the patient die from this illness or complications associated with this illness?, indicate whether an autopsy was performed for the death. | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|---|--|------------|-------------|------------|--------------------------|---|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR144 | Cause of death | If a value of <i>Yes</i> is specified in Did the patient die from this illness or complications associated with this illness?, indicate the official cause of death. | phanumeric | O | | | | Observation/OBX Segment with this variable ID and label | TX | O | Y | expecting only one instance |
| VAR145 | Reason why patient did not receive Varicella-containing vaccine | If the value in Did the patient receive varicella-containing vaccine? is <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 | If the Vaccine Not Given reason is other, enable Other reason why patient did not receive Varicella-containing vaccine (VAR146) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR146 | Other reason why patient did not receive Varicella-containing vaccine | If the value specified in Reason why patient did not receive varicella-containing vaccine is <i>Other</i> , indicate the reason (a reason other than those provided in the list). | phanumeric | O | | | | Observation/OBX Segment with this variable ID and label | TX | O | Y | expecting only one instance |
| VAR147 | Number of doses received on or after first birthday | If the value in Did the patient receive varicella-containing vaccine? is <i>Yes</i> , indicate the number of doses received (before the patient's first birthday). | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|--|--|------------|-------------|------------|--------------------------|--|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR148 | Reason patient is >= 13 years old and received one dose on or after 13th birthday but never received second dose | Reason patient is >= 13 years old and received one dose on or after 13th birthday, but never received second dose. | Code | O | | Vaccine Not Given Reason | If the patient is >= 13 years old and received one dose on or after 13th birthday but never received second dose, then enable entry of reason why second dose was not received | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR149 | Other reason patient did not receive second dose | If the value specified in Number of doses received on or after first birthday is 1 (one), choose from the list the reason the patient never received the second dose; if none of the specific choices in the list apply, choose <i>Other</i> . | phanumeric | O | | | If the Vaccine Not Given reason (VAR148) is Other, enable Other reason why patient did not receive Varicella-containing vaccine (VAR149) | Observation/OBX Segment with this variable ID and label | TX | O | Y | expecting only one instance |
| VAR150 | Diagnosed with Varicella before | Indicate whether the patient has a prior diagnosis of varicella. | Code | O | | Yes No Unknown (YNU) | If the patient has ever been diagnosed with varicella before, then enable entry of age at diagnosis (VAR151) If the patient has ever been diagnosed with varicella before, then enable entry of age type for age at diagnosis (INV2072) If the patient has ever been diagnosed with varicella before, then enable entry of who the patient was diagnosed by (VAR152) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR151 | Age at diagnosis | Age at diagnosis | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|---|---|------------|-------------|------------|---------------------------|--|--|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| INV2072 | Age at diagnosis units | Age units of patient | Code | O | | Age Unit | | populates OBX-6 Units field of same Observation/OBX Segment as age (VAR151) - does not pass variable ID or label | CE | O | | |
| VAR152 | Diagnosed by | Indicate who diagnosed the illness; if none of the choices apply choose <i>Other</i> . | Code | O | | Diagnosed By (VZ) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR154 | Is this case epi-linked to another confirmed or probable case | Indicate whether this case is epi-linked to another case (confirmed or probable). | Code | O | | Yes No Unknown (YNU) | If this case is epi-linked to another confirmed or probably case, then enable entry of type of case linked to (VAR155) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR155 | Type of case this case is epi-linked to | If the value specified in Is this case epi-linked to another confirmed or probable case? is <i>Yes</i> , indicate the kind of case with which the current case is epi-linked. | Code | O | | Epi-linked Case Type (VZ) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR156 | Transmission setting (setting of exposure) | Location where the patient was exposed to the illness; if none of the specific choices in the list apply, choose <i>Other</i> . | Code | O | | Transmission Setting | If Transmission Setting = "Other", enable Specify other transmission setting (VAR157) | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR157 | Other transmission setting | If the value specified in Transmission Setting? is <i>Other</i> , describe the other transmission setting. | phanumeric | O | | | | Observation/OBX Segment with this variable ID and label | ST | O | Y | expecting only one instance |

Varicella Case Notification Variables

| Program-Specific Surveillance Variables | | | | | | | | Mapping Methodology | | | | |
|---|----------------------------------|--|-----------|-------------|------------|----------------------|-----------------|---|---------------|-----------------|-------------|-----------------------------|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| VAR158 | Is this case a healthcare worker | Indicate whether the patient who is the subject of the current case is a healthcare worker. | Code | O | | Yes No Unknown (YNU) | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |
| VAR159 | Number of weeks gestation | If the patient was pregnant during the illness, indicate the number of weeks of gestation at the onset of the illness. | Numeric | O | | | | Observation/OBX Segment with this variable ID and label | SN | O | Y | expecting only one instance |
| VAR160 | Trimester | If the patient was pregnant during the illness, indicate the trimester at the onset of the illness. | Code | O | | Pregnancy Trimester | | Observation/OBX Segment with this variable ID and label | CWE | O | Y | expecting only one instance |

Varicella Case Notification Message Mapping Guide

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

| Notification Variables | | | | | | | | Mapping Methodology | | | | |
|------------------------|-------------------|--|--------------|-------------|------------|-----------------------------|-----------------|---|---------------|-----------------|-------------|--|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| NOT108 | Notification ID | The unique identifier for the notification record. | Alphanumeric | R | | | | MSH-10-Message Control ID. No UID or label is passed in the message. | ST | R | | HL7 recommended size increased to 50 |
| DEM197 | Local patient ID | The local ID of the patient/entity. | Alphanumeric | R | | | | PID-3.1 Patient Identifier List – ID Number PID-3.4 Assigning Authority format <localID&OID&ISO> Does not pass Variable ID or label. | CX | R | Y | Only the sending system's internally assigned patient id used for these de-identified messages |
| DEM100 | Patient name type | Name is not requested by the program, but the Patient Name field is required to be populated for the HL7 message to be valid. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes. | Coded | R | | Name Type (HL7) | | PID-5.7 Patient Name Type - <u>second instance</u> (does not pass Variable ID or label). HL7 reserves the first instance of the name for Legal Name. | XPN | R | Y | Literal value: ~^*****S |
| INV168 | Local record ID | Sending system-assigned local ID of the case investigation with which the subject is associated. | Alphanumeric | R | | | | OBR-3-Filler Order Number where OBR-3.1 is the internally assigned case/investigation ID, OBR-3.3 is the OID for sending application as assigning authority, and OBR-3.4 is the literal value 'ISO'. The UID and label are not passed in the message. | EI | R | | <same value in each OBR instance> |
| NOT099 | Subject Type | Type of subject for the notification. | Coded | R | | Notification Section Header | | OBR 1 : Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message. | CE | R | | Literal Value: 'PERSUBJ^Person Subject^2.16.840.1.114222.4.5.274' |

Varicella Case Notification Message Mapping Guide

| Notification Variables | | | | | | | | Mapping Methodology | | | | |
|------------------------|--------------------------------|---|-----------|-------------|------------|---|-----------------|--|---------------|-----------------|------------------------|--|
| PHIN Variable ID | Label/Short Name | Description | Data Type | CDC Req/Opt | May Repeat | Value Set Name | Data Validation | Message Context | HL7 Data Type | HL7 Optionality | HL7 Repeats | Implementation Notes |
| NOT101 | Notification Type | Type of notification. Main notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report". | Coded | R | | Notification Section Header | | OBR 2 : Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message. | CE | R | | Literal Value: 'NOTF^Case Notification^2.16.840.1.114222.4.5.274' |
| NOT098 | Supplemental Notification Type | Supplemental Notification Types which may optionally be passed are "Associated Laboratory Report" and "Associated Vaccine Report". Multiple reports may be passed. | Coded | O | Y | Notification Section Header | | OBR 3 : Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message. | CE | R | | Literal Value: 'LABRPT^Associated Laboratory Report^2.16.840.1.114222.4.5.274' |
| NOT103 | Date First Submitted | Date the notification was first sent to CDC. This value does not change after the original notification. | Date/time | R | | | | Maps to the HL7 attribute OBR-7-Observation Date/time. No UID or label is passed in the message. | TS | R | | <same value in each OBR instance> |
| NOT106 | Date of Report | Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time. | Date/time | R | | | | Maps to the HL7 attribute OBR-22-Result Report/Status Chg Date/time. No UID or label is passed in the message. | TS | R | | <same value in each OBR instance> |
| INV169 | Condition Code | Condition or event that constitutes the reason the notification is being sent. | Coded | R | | Nationally Notifiable Infectious Disease (NNID) reportable to the Nationally Notifiable Disease Surveillance System (NNDSS) | | Maps to HL7 attribute OBR-31-Reason for Study. The UID and label are not passed in the message. | CE | O | Y - expecting only one | Default value in each OBR instance: '10030^Varicella Infection^2.16.840.1.1142224.5.277' |

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

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

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

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

MSH|^~\&|^2.16.840.1.114222.TBD^ISO|^2.16.840.1.114222.TBD^ISO|^2.16.840.1.114222.4.3.2.3^ISO|^2.16.840.1.114222^ISO|200701112222100||ORU^R01^ORU_R01|N31000036||
PID|1||2398273947^^&<assigning authority OID>&ISO||~^^^S||19671206|M||2054-5^Black or African American^2.16.840.1.113883.6.238^B^Black^L~2106-3^White^2.16.840
OBR|1|"/><INV168 value>^^^OID^ISO|PERSUBJ^Person Subject^2.16.840.1.114222.4.5.274|||200606010191310|||200606010191310|||F|||10030^Varicella Infect
OBX|1|CWE|DEM126^Birth Country^2.16.840.1.114222.4.5.232||BA^BOSNIA AND HERZEGOVINA^2.16.1|||F<CR>
OBR|2|"/><INV168 value>^^^OID^ISO|NOTF^CASE NOTIFICATION^2.16.840.1.114222.4.5.274|||200710010121310|||200701111019010|||C|||10030^Varicella Infe
OBX|1|IS|INV107^Case Jurisdiction Code^2.16.840.1.114222.4.5.232||LOCALJURISDICTION|||F<CR>
OBX|2|IS|INV108^Case Program Area Code^2.16.840.1.114222.4.5.232||PROGRAMCODE|||F<CR>
OBX|3|CWE|NOT113^Reporting County^2.16.840.1.114222.4.5.232||GA121^The county of Fulton, Georgia^2.16.840.1.113883.6.93|||F<CR>
OBX|4|CWE|NOT109^Reporting State^2.16.840.1.114222.4.5.232||GA^Georgia^2.16.840.1.113883.6.92|||F<CR>
OBX|5|IS|NOT110^Record Type^2.16.840.1.114222.4.5.232||I|||F<CR>
OBX|6|ST|INV173^State Case ID^2.16.840.1.114222.4.5.232||GA343092843|||F<CR>
OBX|7|TS|INV147^Investigation Start Date^2.16.840.1.114222.4.5.232||20060512|||F<CR>
OBX|8|CWE|VAR100^Number of lesions in total^2.16.840.1.114222.4.5.232||PHC222^Less than 50^2.16.840.1.114222.4.5.274^LESSTN50^L|||F<CR>
OBX|9|CWE|VAR101^Did the patient receive Varicella-containing vaccine^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||F<CR>
OBX|10|SN|INV2001^Age at investigation ^2.16.840.1.114222.4.5.232||^29|a^Years^2.16.840.1.113883.6.8|||F<CR>
OBX|11|CWE|INV109^Case Investigation Status Code^2.16.840.1.114222.4.5.232||56116003^Open^2.16.840.1.114222.4.5.75|||F<CR>
OBX|12|CWE|INV163^Case Class Status Code^2.16.840.1.114222.4.5.232||410605003^Confirmed^2.16.840.1.113883.6.96^C^L|||F<CR>
OBX|13|SN|INV165^MMWR Week^2.16.840.1.114222.4.5.232||^15|||F<CR>
OBX|14|TS|INV166^MMWR Year^2.16.840.1.114222.4.5.232||2006|||F<CR>
OBX|15|ST|INV114^Reporting Source Name^2.16.840.1.114222.4.5.232||Reporting Source Name String|||F<CR>
OBX|16|ST|INV115a^Reporting Source Street Address Line 1^2.16.840.1.114222.4.5.232||Street Address Line 1|||F<CR>
OBX|17|ST|INV115b^Reporting Source Street Address Line 2^2.16.840.1.114222.4.5.232||Street Address Line 2|||F<CR>
OBX|18|CWE|INV116^Reporting Source Address City^2.16.840.1.113883.6.245||356368^Loganville^2.16.840.1.113883.6.245^LOGANVILLE|||F<CR>
OBX|19|CWE|INV117^Reporting Source Address State^2.16.840.1.114222.4.5.232||GA^Georgia^2.16.840.1.113883.6.92|||F<CR>
OBX|20|ST|INV118^Reporting Source Address Zip Code^2.16.840.1.114222.4.5.232||30303|||F<CR>
OBX|21|CWE|INV119^Reporting Source Address County^2.16.840.1.114222.4.5.232||G089^The county of DeKalb, Georgia^2.16.840.1.113883.6.93|||F<CR>
OBX|22|ST|INV122^Reporting Source Telephone Number^2.16.840.1.114222.4.5.232||404-498-1600|||F<CR>
OBX|23|SN|INV143^Illness Onset Age^2.16.840.1.114222.4.5.232||^28|a^Years^2.16.840.1.113883.6.8^Y^L|||F<CR>
OBX|24|TS|INV111^Date of Report^2.16.840.1.114222.4.5.232||20060430|||F<CR>
OBX|25|TS|INV120^Earliest Date Reported to County^2.16.840.1.114222.4.5.232||20060501|||F<CR>
OBX|26|TS|INV121^Earliest Date Reported to State^2.16.840.1.114222.4.5.232||20060502|||F<CR>
OBX|27|TS|INV136^Diagnosis Date^2.16.840.1.114222.4.5.232||20060430|||F<CR>
OBX|28|TS|INV137^Date of Illness Onset^2.16.840.1.114222.4.5.232||20060428|||F<CR>
OBX|29|TS|VAR102^Rash Onset Date^2.16.840.1.114222.4.5.232||20060427|||F<CR>
OBX|30|CWE|VAR103^Rash Location^2.16.840.1.114222.4.5.232||87017008^Focal^2.16.840.1.113883.6.96^F^L|||F<CR>
OBX|31|ST|VAR104^Dermatome^2.16.840.1.114222.4.5.232||entire upper trunk|||F<CR>
OBX|32|CWE|VAR105^Where Rash First Noted^2.16.840.1.114222.4.5.232||22943007^Trunk Structure^2.16.840.1.113883.6.96^T^L|||F<CR>
OBX|33|ST|VAR106^Other Generalized rash location^2.16.840.1.114222.4.5.232||other generalized rash location text|||F<CR>
OBX|34|CWE|VAR107^Macules Present^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||F<CR>
OBX|35|SN|VAR108^Number of Macules^2.16.840.1.114222.4.5.232||^44|||F<CR>
OBX|36|CWE|VAR109^Papules Present^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||F<CR>
OBX|37|SN|VAR110^Number of Papules^2.16.840.1.114222.4.5.232||^5|||F<CR>
OBX|38|CWE|VAR111^Vesicles Present^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||F<CR>
OBX|39|SN|VAR112^Number of Vesicles^2.16.840.1.114222.4.5.232||^15|||F<CR>
OBX|40|CE|VAR113^Mostly macular/papular^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||F<CR>
OBX|41|CWE|VAR114^Mostly vesicular^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136|||F<CR>
OBX|42|CWE|VAR115^Hemorrhagic^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136|||F<CR>
OBX|43|CWE|VAR116^Itchy^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||F<CR>
OBX|44|CWE|VAR117^Scabs^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||F<CR>
OBX|45|CWE|VAR118^Crops/Waves^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||F<CR>
OBX|46|CWE|VAR119^Did rash crust^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||F<CR>

OBX|47|SN|VAR120^Number of Days until lesions crusted over^2.16.840.1.114222.4.5.232||^4|||||F<CR>
 OBX|48|SN|VAR121^Number of Days rash lasted^2.16.840.1.114222.4.5.232||^9|||||F<CR>
 OBX|49|CWE|VAR122^Fever^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|50|TS|VAR123^Fever Onset Date^2.16.840.1.114222.4.5.232|20060427|||||F<CR>
 OBX|50|SN|VAR124^Highest measured temperature^2.16.840.1.114222.4.5.232||^101.3|[degF]^ [degF] - degree Fahrenheit - temperature^2.16.840.1.113883.6.8^F^^L|||||F<CR>
 OBX|52|SN|VAR125^Number of Days until lesions crusted over^2.16.840.1.114222.4.5.232||^9|||||F<CR>
 OBX|53|CWE|VAR126^Is patient immunocompromised due to medical condition or treatment^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|54|ST|VAR127^Medical Condition or Treatment^2.16.840.1.114222.4.5.232|patient is a kidney transplant recipient and is on corticosteroids|||||F<CR>
 OBX|55|CWE|VAR128^Did patient visit a healthcare provider during this illness^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|56|TS|VAR129^Did the patient develop any complications that were diagnosed by a healthcare provider^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|57|CWE|VAR130^Skin/soft tissue infection^2.16.840.1.114222.4.5.232|N^No^2.16.840.1.113883.12.136>|||||F<CR>
 OBX|58|CWE|VAR131^Cerebellitis/ataxia^2.16.840.1.114222.4.5.232|N^No^2.16.840.1.113883.12.136>|||||F<CR>
 OBX|59|CWE|VAR132^Encephalitis^2.16.840.1.114222.4.5.232|N^No^2.16.840.1.113883.12.136>|||||F<CR>
 OBX|60|CWE|VAR133^Dehydration^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|61|CWE|VAR134^Hemorrhagic condition ^2.16.840.1.114222.4.5.2324|N^No^2.16.840.1.113883.12.136>|||||F<CR>
 OBX|62|CWE|VAR135^Pneumonia^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|63|CWE|VAR136^How was pneumonia diagnosed^2.16.840.1.114222.4.5.232||112247003^Medical Doctor^2.16.840.1.113883.6.96^MD^^L|||||F<CR>
 OBX|64|CWE|VAR137^Were there other complications^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|65|TX|VAR138^Other complication details^2.16.840.1.114222.4.5.232|other complications text|||||F<CR>
 OBX|66|CWE|VAR139^Was patient treated with acyclovir, famvir, or any licensed antiviral for this illness^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|67|TX|VAR140^Name of medication^2.16.840.1.114222.4.5.232|Acyclovir|||||F<CR>
 OBX|68|TS|VAR141^Start Date of Medication^2.16.840.1.114222.4.5.232|20060517|||||F<CR>
 OBX|69|TS|VAR142^Stop Date of Medication^2.16.840.1.114222.4.5.232|20060530|||||F<CR>
 OBX|70|CWE|INV128^Was the patient hospitalized as a result of this event^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|71|TS|INV132^Admission Date^2.16.840.1.114222.4.5.232|20060518|||||F<CR>
 OBX|72|TS|INV133^Discharge Date^2.16.840.1.114222.4.5.232|20060521|||||F<CR>
 OBX|73|SN|INV134^Duration of stay in days^2.16.840.1.114222.4.5.232|^3|||||F<CR>
 OBX|74|ST|INV129^Hospital Name^2.16.840.1.114222.4.5.232|Generic Medical Center|||||F<CR>
 OBX|75|CWE|INV145^Did the patient die from the illness or complications of the illness^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|76|CWE|VAR143^Autopsy performed^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|77|TX|VAR144^Cause of death^2.16.840.1.114222.4.5.232|cause of death long text field|||||F<CR>
 OBX|78|CWE|VAR145^Reason why patient did not receive Varicella-containing vaccine^2.16.840.1.114222.4.5.232|PHC95^Parent/Patient refusal^2.16.840.1.114222.4.5.232|||||F<CR>
 OBX|79|TX|VAR146^Other reason why patient did not receive Varicella-containing vaccine^2.16.840.1.114222.4.5.232|Other reason why patient did not receive Varicella-containing vaccine long text field|||||F<CR>
 OBX|80|SN|VAR147^Number of doses received on or after first birthday^2.16.840.1.114222.4.5.232|^1|||||F<CR>
 OBX|81|CWE|VAR148^Reason patient is >= 13 years old and received one dose on or after 13th birthday but never received second dose^2.16.840.1.114222.4.5.232|Other reason patient did not receive second dose long text field|||||F<CR>
 OBX|82|TX|VAR149^Other reason patient did not receive second dose^2.16.840.1.114222.4.5.232|Other reason patient did not receive second dose long text field|||||F<CR>
 OBX|83|CWE|VAR150^Has this patient ever been diagnosed with Varicella before^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|84|SN|VAR151^Age at Varicella diagnosis^2.16.840.1.114222.4.5.232|^12| a^Years^2.16.840.1.113883.6.8^Y^^L|||||F<CR>
 OBX|85|CWE|VAR152^Diagnosed by^2.16.840.1.114222.4.5.232|PHC17^Physician/Health Care Provider^2.16.840.1.114222.4.5.198^PHYSHCPR^Physician/Health Care Provider^2.16.840.1.113883.12.136|||||F<CR>
 OBX|86|CWE|VAR154^Is this case epi-linked to another confirmed or probable case^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|87|CWE|VAR155^Type of case this case is epi-linked to^2.16.840.1.114222.4.5.232|PHC167^Herpes Zoster Case^2.16.840.1.114222.4.5.274^HERPZOST^Herpes Zoster (Confirmed)^2.16.840.1.113883.12.136|||||F<CR>
 OBX|88|CWE|VAR156^Transmission setting^2.16.840.1.114222.4.5.232|133928008^Community^2.16.840.1.113883.6.96^COMMUNITY^Community^L|||||F<CR>
 OBX|89|ST|VAR157^Other transmission setting^2.16.840.1.114222.4.5.232|other transmission setting text|||||F<CR>
 OBX|90|CWE|VAR158^Is this case a healthcare worker^2.16.840.1.114222.4.5.232|U^Unknown^ 2.16.840.1.113883.5.1008^UNK^^L|||||F<CR>
 OBX|91|CWE|INV150^Case outbreak indicator^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|92|ST|INV151^Case outbreak name^2.16.840.1.114222.4.5.232|OUTBREAKNAME|||||F<CR>
 OBX|93|CWE|INV178^Pregnancy status ^2.16.840.1.114222.4.5.232|Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
 OBX|94|SN|VAR159^Number of weeks gestation at onset of illness^2.16.840.1.114222.4.5.232|^13|||||F<CR>
 OBX|95|CWE|VAR160^Trimester at Onset of Illness^2.16.840.1.114222.4.5.232|255246003^1st Trimester^2.16.840.1.113883.6.96^FIRST^^L|||||F<CR>
 OBR|3|""|<INV168 value>^^OID^ISO|LABRPT^Associated Laboratory Report^2.16.840.1.114222.4.5.274 ||200710010121310|||||200701111019010||C|||||10030^^L|||||F<CR>
 OBX|1|ST|LAB143^Reporting Lab Name^2.16.840.1.114222.4.5.232|Reporting Lab Name String|||||F<CR>

OBX|2|ST|LAB144^Reporting Lab CLIA Number^2.16.840.1.114222.4.5.232||CLIA Number|||||F<CR>
OBX|3|TS|LAB163^Date of Specimen Collection^2.16.840.1.114222.4.5.232||20060528|||||F<CR>
OBX|4|TS|LAB503^Date Sample Received at Lab^2.16.840.1.114222.4.5.232||20060522|||||F<CR>
OBX|5|TS|LAB108^Lab Result Date^2.16.840.1.114222.4.5.232||20060529|||||F<CR>
OBX|6|TS|LAB197^Lab Report Date^2.16.840.1.114222.4.5.232||20060530|||||F<CR>
OBX|7|TS|LAB334^Date received in state public health lab^2.16.840.1.114222.4.5.232||20060530|||||F<CR>
OBX|8|ST|LAB125^Accession Number^2.16.840.1.114222.4.5.232||T289238|||||F<CR>
OBX|9|CWE|LAB166^Specimen Source^2.16.840.1.114222.4.5.232||87612001^Blood^2.16.840.1.113883.6.96^87612001^L|||||F<CR>
OBX|10|CWE|LAB101^Resulted Test Name^2.16.840.1.114222.4.5.232||10734-2^VZV Skin EM^2.16.840.1.113883.6.1^10734-2^L|||||F<CR>
||10734-2^VZV Skin EM^2.16.840.1.113883.6.1^10734-2^L|||||F<CR>
OBX|11|CWE|LAB192^Coded Result Value^2.16.840.1.114222.4.5.232||10828004^Positive^2.16.840.1.113883.6.96^P^L|||||F<CR>
OBX|12|CWE|VAR161^Sent to CDC for Genotyping^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
OBX|13|TS|VAR162^Genotyping Sent Date^2.16.840.1.114222.4.5.232||20060601|||||F<CR>
OBX|14|CWE|VAR163^Sent For Strain ID^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136|||||F<CR>
OBX|15|CWE|VAR164^Strain Type^2.16.840.1.114222.4.5.232|| PHC126^Vaccine Type Strain^2.16.840.1.114222.4.5.274 VACCTYPE^Vaccine Type Strain^L|||||F<CR>

D|2.5|||||||NationalNotificationORUv1.0^PHIN^2.16.840.1.114222.4^ISO~VaricellaCaseNationalNotificationMapv1.0^PHIN^2.16.840.1.114222.4^ISO <CR>
0.1.113883.6.238^C^Caucasian^L|^|^GA^30303^|^|^GA089|||||||2186-5^Not Hispanic or Latino^2.16.840.1.113883.6.238^N^L||||||<CR>
tion^2.16.840.1.114222.4.5.277<CR>
tion^2.16.840.1.114222.4.5.277<CR>

<CR>

6|||||F<CR>

36|||||F<CR>

274^REFUSE^Parent/Patient refusal^L|||||F<CR>
ella-containing vaccine long text field|||||F<CR>

H^Other^2.16.840.1.113883.5.1008^OTH^Other^L|||||F<CR>
|||F<CR>

^L|||||F<CR>

Case^L|||||F<CR>

Varicella Infection^2.16.840.1.114222.4.5.277<CR>