Mumps Surveillance Worksheet

Name (Last, First)					Hospital Record Number
Address (Street and Number)	City	County	State	Zip Code	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab	Address				Phone

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Mumps Surveillance Worksheet

County	State	Zip Code

Birth Date ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Age ☐☐☐ 999 = Unknown

Age Type ☐ 0 = 0-120 years; 1 = 0-11 months; 2 = 0-52 weeks; 3 = 0-28 days; 9 = Age unknown

Ethnicity ☐ H = Hispanic; N = Not Hispanic; U = Unknown

Race ☐ N = Native American / Alaskan Native; A = Asian / Pacific Islander; B = African American; W = White; O = Other; U = Unknown

Sex ☐ M = Male; F = Female; U = Unknown

Event Date ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Event Type ☐ 1 = Onset Date; 2 = Diagnosis Date; 3 = Lab Test Date; 4 = Reported to County; 5 = Reported to State or *MMWR* Report Date; 9 = Unknown

Reported ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Import Status ☐ 1 = U.S.-acquired; 2 = International Import ☐ 1 = Import-linked; 2 = Imported Virus; 3 = Endemic; 4 = Unknown Source

Report Status ☐ 1 = Confirmed; 2 = Probable; 3 = Suspect; 4 = Unknown

Parotitis (opposite 2nd molars)? ☐ Y = Yes; N = No; U = Unknown ☐ Unilateral ☐ Bilateral

Jaw Pain? ☐ Y = Yes; N = No; U = Unknown

Salivary Gland Swelling (including parotitis)

Onset ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Duration ☐☐☐ 1-998 = Number of Days; 999 = Unknown

Submandibular? ☐ Y = Yes; N = No; U = Unknown

Sublingual? ☐ Y = Yes; N = No; U = Unknown

Notes

COMPLICATIONS

Meningitis? ☐ Y = Yes; N = No; U = Unknown

Deafness? ☐ Y = Yes; N = No; U = Unknown

Orchitis? ☐ Y = Yes; N = No; U = Unknown

Encephalitis? ☐ Y = Yes; N = No; U = Unknown

Death? ☐ Y = Yes; N = No; U = Unknown

Other Complications? ☐ Y = Yes; N = No; U = Unknown

If Yes, please specify

Hospitalized? ☐ Y = Yes; N = No; U = Unknown

Days Hospitalized ☐☐☐ 999 = Unknown

Was Laboratory Testing Done for Mumps? ☐ Y = Yes; N = No; U = Unknown

Date Serologic (IgG) Specimens Taken

IgG (acute) ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Test Used _____

Units Reported _____

Result ☐

IgG (convalescent) ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Test Used _____

Units Reported _____

Result ☐

Single IgG Specimen Only ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Test Used _____

Units Reported _____

Result ☐

Date Serologic (IgM) Specimens Taken

IgM (1) ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Result ☐

IgM (2) ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Result ☐

Other Lab Results

PCR ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Result ☐

Culture ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Result ☐

Result Codes
P = Significant rise in IgG
I = Indeterminate
N = No significant rise in IgG
E = Pending
X = Not Done
U = Unknown

Result Codes
P = Positive
I = Indeterminate
N = Negative
E = Pending
X = Not Done
U = Unknown

EPIDEMIOLOGIC

Date First Reported to a Health Department ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Date Case Investigation Started ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Outbreak Related? ☐ Y = Yes; N = No; U = Unknown

If Yes, Outbreak Name

Transmission Setting (Where did this person acquire mumps?) ☐

1 = Day Care
2 = School
3 = Doctor's Office
4 = Hospital Ward
5 = Hospital ER
6 = Hospital Outpatient Clinic
7 = Home
8 = Work
9 = Unknown
10 = College
11 = Military
12 = Correctional Facility
13 = Church
14 = International Travel
15 = Other

If Other, Specify Transmission Setting _____

Were Age and Setting Verified? (Is age appropriate for setting?) ☐ Y = Yes; N = No; U = Unknown

Source of Exposure for Current Case (Enter State ID if source was an in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)

Epi-linked to Another Confirmed or Probable Case? ☐ Y = Yes; N = No; U = Unknown

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VACCINE HISTORY

Vaccinated? (Received mumps-containing vaccine?)

☐ Y = Yes
N = No
U = Unknown

Notes (History of natural mumps disease?)

Vaccination Date	Vaccine Type	Manufacturer	Lot Number
☐☐ ☐☐ ☐☐☐☐	☐	☐	☐☐☐☐☐☐☐☐☐☐
☐☐ ☐☐ ☐☐☐☐	☐	☐	☐☐☐☐☐☐☐☐☐☐
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Vaccine Type Codes
A = MMR
B = Mumps
O = Other
U = Unknown

Vaccine Manufacturer Codes
M = Merck
O = Other
U = Unknown

Number of Doses Received After 1st Birthday

☐ 9 = Unknown

If Not Vaccinated, What Was the Reason?

☐ 1 = Religious Exemption
2 = Medical Contraindication
3 = Philosophical Objection
4 = Lab. Evidence of Previous Disease
5 = MD Diagnosis of Previous Disease
6 = Under Age for Vaccination
7 = Parental Refusal
8 = Other
9 = Unknown

Notes/Other information