

Mumps Surveillance Worksheet

NAME (Last, First)				Hospital Record No.				
Address (Street and No.)			City		County		Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab			Address				Phone	

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Mumps Surveillance Worksheet

County			State			Zip											
Birth Date <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year			Age <input type="text"/> <input type="text"/> <input type="text"/> Unk = 999			Age Type <input type="checkbox"/> 0 = 0-120 years <input type="checkbox"/> 3 = 0-28 days <input type="checkbox"/> 1 = 0-11 months <input type="checkbox"/> 9 = Age unknown <input type="checkbox"/> 2 = 0-52 weeks			Ethnicity <input type="checkbox"/> H = Hispanic <input type="checkbox"/> N = Not Hispanic <input type="checkbox"/> U = Unknown			Race <input type="checkbox"/> N = Native Amer./Alaskan Native W = White <input type="checkbox"/> A = Asian/Pacific Islander O = Other <input type="checkbox"/> B = African American U = Unknown			Sex <input type="checkbox"/> M = Male <input type="checkbox"/> F = Female <input type="checkbox"/> U = Unknown		
Event Date <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year			Event Type <input type="checkbox"/> 1 = Onset Date <input type="checkbox"/> 4 = Reported to County <input type="checkbox"/> 2 = Diagnosis Date <input type="checkbox"/> 5 = Reported to State or <input type="checkbox"/> 3 = Lab Test Date <input type="checkbox"/> 9 = Unknown <input type="checkbox"/> MMWR Report Date			Outbreak Associated <input type="text"/> <input type="text"/> <input type="text"/> Unk = 999			Reported <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year			Imported <input type="checkbox"/> 1 = Indigenous <input type="checkbox"/> 2 = International <input type="checkbox"/> 3 = Out of State <input type="checkbox"/> 9 = Unknown			Report Status <input type="checkbox"/> 1 = Confirmed <input type="checkbox"/> 2 = Probable <input type="checkbox"/> 3 = Suspect <input type="checkbox"/> 9 = Unknown		

CLINICAL DATA

Parotitis?
 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:

LABORATORY

Was Laboratory Testing For Mumps Done?
 Y = Yes
 N = No
 U = Unknown

Date IgM Specimen Taken

 Month Day Year

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

Date IgG Acute Specimen Taken

 Month Day Year

Date IgG Convalescent Specimen Taken

 Month Day Year

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

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

Specify Other Lab Method:

Vaccinated? (Received mumps-containing vaccine?) Y = Yes
 N = No
 U = Unknown

Vaccination Date			Manuf.	Lot Number
Month	Day	Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vaccine Type Codes
 A = MMR
 B = Mumps
 O = Other
 U = Unknown

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

Number of doses received ON or AFTER 1st birthday

If Not Vaccinated, What Was The Reason?

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

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 patient acquire mumps?)

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

Indicates epidemiologically important items not yet on NETSS screen

CS106190

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Notes/Other information:

Clinical Case Definition (2008):

An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid and or other salivary gland(s), lasting at least 2 days, and without other apparent cause.

Case Classification (2008):

Suspected: a case with clinically compatible illness or that meets the clinical case definition without laboratory testing or a case with laboratory tests suggestive of mumps without clinical information.

Probable: a case that meets the clinical case definition without laboratory confirmation and is epidemiologically linked to a clinically compatible case.

Confirmed: a case that: 1) meets the clinical case definition or has clinically compatible illness, and 2) is either laboratory confirmed or is epidemiologically linked to a confirmed case.