

# Instructions for Completing the Mumps Surveillance Worksheet

## General

- If the month and year for any date are known but the exact day is unknown, enter a 15 for the day (i.e. the middle of the month).
- While “unknown” is an option for many questions, please make every effort to obtain the appropriate information.
- If information is obtained after the record has been submitted to the Centers for Disease Control and Prevention (CDC), please update the NETSS record with the new information and resend the record during the next scheduled transmission.
- If copies of the paper form are sent to CDC, either fold back the information above the dotted line or cut it off after photocopying and before sending the rest of the information to the CDC to preserve confidentiality.

**Zip Code:** Requested (but not required) for vaccine-preventable diseases. Enter a 5-digit zip code.

**Birth Date:** If known, enter the birth date. If unknown or before the year 1900, leave blank and enter the age and age type.

**Age and Age Type:** If birth date is unknown and age is known, enter age of patient at onset of symptoms in number of years, months, weeks, or days as indicated by the age type codes.

**Event Date and Event Type:** Enter the earliest known date associated with the incidence of the disease. The event type describes the date entered in event date. The event types are listed in order of preference.

**Outbreak Associated:** Enter 1 if the case is outbreak associated and the state does not assign numerical values to outbreaks; if the state assigns numerical values to outbreaks, enter the assigned value; if the case is known to be not associated with an outbreak, enter 0. If unknown, enter 999.

**Reported:** This field is used in various ways, such as to enter the date reported to the state, local or other health department. Check with the State Epidemiologist to determine what guidelines apply in your state.

**Imported:** Indicate where the patient acquired mumps. This is a required field for mumps reports.

**Indigenous**—In state; any patient that cannot be proven to be imported

**International**—Out of U.S.; international importation from another country; onset of rash is within 18 days of entering the United States

**Out of state**—importation from another state; documentation that the person either had face-to-face contact with a case of mumps outside the state or was out of the state for the entire period when he or she might have become infected (7–18 days before onset of symptoms)

## Clinical Data

**Parotitis:** Acute onset of unilateral or bilateral swelling of the parotid or other salivary gland for at least 2 days, without other apparent cause.

## Complications

**Death:** If patient died from mumps, verification with the physician is recommended.

## Laboratory

**IgG Result:** This result is based on the interpretation of results from paired serum specimens. The criterion for positivity is a four-fold rise in specimen antibody titer between acute and convalescent phase serum specimens

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### *Epidemiologic Information*

**Date First Reported to a Health Department:** Date reported is considered the earliest date the case was initially reported to a health department, either local, district, or state level health department.

**Outbreak Related:** A case is outbreak related if  $\geq 5$  confirmed cases of mumps are clustered in time and space.

**Source of Exposure for Current Case:** A source case must be either a confirmed or probable case and have had face-to-face contact with a subsequent generation case. Exposure must have occurred 7 to 18 days before onset of symptoms of the new case, and between 4 days before onset of symptoms and 7 days after onset of symptoms of the source case. Enter state ID if source was an in-state case (imported entry on core screen = 1), enter country name if source was out of USA (imported entry on core screen = 2), enter state name if source was out-of-state (imported entry on core screen = 3).

**Epi-Linked:** An epi-linked case is either a source case or same generation case. Epi-linkage is characterized by direct face-to-face contact. For same generation cases that are epi-linked, a common exposure is likely.