

## Mumps Surveillance Worksheet

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

----- DETACH HERE and transmit only lower portion if sent to CDC -----

## Mumps Surveillance Worksheet

<b>Birth Date</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<b>Age</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Unk = 999</span> </div>	<b>Age Type</b> <input type="checkbox"/> 0 = 0-120 years <input type="checkbox"/> 1 = 0-11 months <input type="checkbox"/> 2 = 0-52 weeks <input type="checkbox"/> 3 = 0-28 days <input type="checkbox"/> 9 = Age unknown	<b>Sex</b> <input type="checkbox"/> M = Male <input type="checkbox"/> F = Female <input type="checkbox"/> U = Unknown	<b>Race</b> <input type="checkbox"/> N = Native Amer./Alaskan Native <input type="checkbox"/> A = Asian/Pacific Islander <input type="checkbox"/> B = African American <input type="checkbox"/> W = White <input type="checkbox"/> O = Other <input type="checkbox"/> U = Unknown	<b>Ethnicity</b> <input type="checkbox"/> H = Hispanic <input type="checkbox"/> N = Not Hispanic <input type="checkbox"/> U = Unknown
County			State		Zip

CLINICAL DATA	<b>Parotitis?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Meningitis?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Deafness?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Orchitis?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
	<b>Notes:</b> <div style="height: 40px;"></div>	<b>Other Complications?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown  <b>If Yes, Please Specify:</b> (Max 15 spaces)		
	<b>Encephalitis?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>Died?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	
	<b>Hospitalized?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>Days Hospitalized</b> <div style="display: flex; align-items: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <div style="margin: 0 5px;">0 - 998</div> <input type="text"/> <input type="text"/> <input type="text"/> <div style="margin: 0 5px;">999 - Unknown</div> </div>	

LABORATORY	<b>Was Laboratory Testing For Mumps Done?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Vaccinated? (Received mumps-containing vaccine?)</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	
	<b>Date IGM Specimen Taken</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<b>Result</b> <input type="checkbox"/> P = Positive <input type="checkbox"/> N = Negative <input type="checkbox"/> I = Indeterminate <input type="checkbox"/> E = Pending <input type="checkbox"/> X = Not Done <input type="checkbox"/> U = Unknown	
	<b>Date IGG Acute Specimen Taken</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<b>Result</b> <input type="checkbox"/> P = Significant Rise in IGG <input type="checkbox"/> N = No Significant Rise in IGG <input type="checkbox"/> I = Indeterminate <input type="checkbox"/> E = Pending <input type="checkbox"/> X = Not Done <input type="checkbox"/> U = Unknown	
	<b>Date IGG Convalescent Specimen Taken</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<b>Other Lab Result</b> <input type="checkbox"/> P = Positive <input type="checkbox"/> N = Negative <input type="checkbox"/> I = Indeterminate <input type="checkbox"/> E = Pending <input type="checkbox"/> X = Not Done <input type="checkbox"/> U = Unknown  <b>Specify Other Lab Method:</b> (max 8 spaces)	
	<b>Vaccination Date</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		
	<b>Vaccine</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Type</span> <span>Manuf.</span> </div>		
	<b>Lot Number</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div>		
	<b>Vaccine Type Codes</b> A = MMR B = Mumps O = Other U = Unknown		
	<b>Vaccine Manuf. Codes</b> IM = Merck O = Other U = Unknown		
	<b>Number of doses received ON or AFTER 1st birthday</b> <input type="text"/>		
	<b>If Not Vaccinated, What Was The Reason?</b> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <div>           1 = Religious Exemption            2 = Medical Contraindication            3 = Philosophical Objection            4 = Lab. Evidence of Previous Disease            5 = MD Diagnosis of Previous Disease         </div> <div>           6 = Under Age For Vaccination            7 = Parental Refusal            8 = Other            9 = Unknown         </div> </div>		

EPIDEMIOLOGIC INFORMATION	<b>Date First Reported to a Health Department</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		<b>Date Case Investigation Started</b> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
	<b>Transmission Setting (Where did this case acquire mumps?)</b> <input type="checkbox"/> 1 = Day Care      6 = Hospital Outpatient Clinic      11 = Military <input type="checkbox"/> 2 = School      7 = Home      12 = Correctional Facility <input type="checkbox"/> 3 = Doctor's Office      8 = Work      13 = Church <input type="checkbox"/> 4 = Hospital Ward      9 = Unknown      14 = International Travel <input type="checkbox"/> 5 = Hospital ER      10 = College      15 = Other		<b>Outbreak Related?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown  <b>If Yes, Outbreak Name</b> (Max 15 Spaces)	
	<b>Were Age and Setting Verified? (Is age appropriate for setting, i.e. under 16 and in school, etc.)</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>Source of Exposure For Current Case</b> (Max 15 Spaces) Enter State ID if source was an in-state case Enter Country if source was out of USA Enter State if source was out-of-state	
	<b>If Transmission Setting Not Among Those Listed And Known, What Was The Transmission Setting?</b> (Max 15 Spaces)		<b>Epi-Linked to Another Confirmed or Probable Case?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	

Note: This form has 2 sides

Indicates epidemiologically important items not yet on NETSS screen

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**Clinical Case Definition\*:**

An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting  $\geq 2$  days, and without other apparent cause.

**Case Classification\*:**

**Probable:** A case that meets the clinical case definition, has noncontributory or no serologic or virologic testing, and is not epidemiologically linked to a confirmed or probable case.

**Confirmed:** A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed or probable case. A laboratory-confirmed case does not need to meet the clinical case definition.

\*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46(No.RR-10):39.

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