

Infectious Disease Epidemiology and Outbreak Response Bureau Maryland Department of Health

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DEPARTMENT OF HEALTH NEDSS PATIENT ID#: FINAL STATUS: **Mumps Case Report Form** □ CONFIRMED **NEDSS INVESTIGATION ID#:** ☐ PROBABLE □ SUSPECT ☐ RULED OUT /NOT A CASE Patient's Name: Reported by: last Phone: Address: Date reported: / / City: _____ Zip: ____ LHD Investigator: Phone: Parent/Guardian: Phone: _____ Physician: Phone: Address: Investigation start date: / / Date investigation completed: / / DEMOGRAPHICS: DATE OF BIRTH: ____/___ AGE: _____ PLACE OF BIRTH: DUSA Definition Other: Demographic Date of Direction of Direction Others Demographic Demographic Date of Direction Others Demographic Demogra SEX: □Male □Female □Unknown RACE: □White □Black □ Asian □ Native Hawaiian or Other Pac. Islander □ Am. Indian or Alaska Native □ Unknown HISPANIC: □Yes □No □Unknown If female, is patient currently pregnant? □Yes □No □Unknown CLINICAL DATA Illness onset date: ___/__/ Illness end date: ___/__/ First symptom reported: ____ Parotitis - Onset Date: ____/ ___ Parotitis Duration: _____ Days Parotitis swelling: □Right side□Left side □Bilateral □Unknown Fever? □Yes / □No If yes, onset date: ____/____ If yes, maximum temperature? ____ **Complications:** Encephalitis □Yes / □No Meningitis □Yes / □No Orchitis □Yes / □No Deafness □Yes / □No Oophoritis □Yes / □No Mastitis □Yes / □No Pancreatitis Yes / No Other (specify): Does the patient have pelvic inflammatory disease? □Yes / □No / □Unknown Was the patient hospitalized for this illness? □Yes / □No Hospital: _____ Admitted: ___/___ Discharged: ___/__/

No, but still ill

No, recovered

Did the individual die from the illness? Yes, died on: / /

		NE	EDSS Pt. ID:	
.ABORATORY DATA: Was labora .ABORATORY: MDPHL (Drdering Provider:	Other:	Jnknown F	hone:	
□ PCR: Specimen:	Date specimen collected: ://	Result:	Lab Report Date:	
□ Culture: Specimen:	Date specimen collected://	Result:	Lab Report Date:	
□ IgM:	Date specimen collected://	Result:	Lab Report Date:	
□ lgG:	Date of acute specimen ://			
INFECTION TIMELINE: Enter onset of parotitis. Count ba	ckwards and forwards to enter dates for probable			
Pi	ossible exposure window: Infection			
1; pa	2-25 days before onset of arotitis before through	onset of parotitis h 5 days after 0 • • • 5	Time in days)	
1; pa	2-25 days before onset of arotitis before through	onset of parotitis n 5 days after	Time in days)	

NatiseHOLD OR CREMERING LOSS CONTOCTS ymptoms Present?			Mumps Vaccine History
	Yes	□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
		□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
		□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
		□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
		□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
		□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
		□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
	□ Yes	□ No □ Unknown	☐ 2 MMR ☐1 MMR ☐ None ☐ Unknown
		□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
		□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
	□ Yes	□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
	□ Yes	□ No □ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown

Pt. Name:	NEDSS Pt. ID:
COMMENTS:	