Mumps Surveillance Worksheet

APPENDIX 8

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

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

Mumps Surveillance Worksheet

County | State | Zip

Birth Date (Month Day Year)

Age (Unk = 999)

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 Amer./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

Outbreak Associated (Unk = 999)

Reported (Month Day Year)

Imported: 1 = Indigenous; 2 = International; 3 = Out of State; 9 = Unknown

Report Status: 1 = Confirmed; 2 = Probable; 3 = Suspect; 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:

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

Days Hospitalized (0 - 998; 999 - Unknown)

LABORATORY

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

Date IgM Specimen Taken (Month Day Year)

Result: P = Positive; N = Negative; I = Indeterminate; E = Pending; X = Not Done; 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:

VACCINE HISTORY

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

Vaccination Date (Month Day Year)	Vaccine	Vaccine Type	Manuf.	Lot Number

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; 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

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 case 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, i.e. aged 49 years and in day care, etc.) 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

Case name: _____
Country of birth: _____ Years in the United States, if not born here: ___

Occupation/employeement

- Is case a healthcare worker? Yes No Unknown
  - If yes, list place of employment _____
- Is case a college student? Yes No Unknown
  - If yes, list name & location of college_____

Recent Travel History

- International or domestic travel in the month before onset? Yes No Unknown
  - If yes, list area(s) visited and dates of travel _____
    _____
- For college students, any interstate travel (e.g. sporting events, extracurricular events, and holidays/breaks) in the month before onset? Yes No Unknown
  - If yes, list area(s) visited and dates of travel _____
    _____

Clinical Data

- If case had parotitis:
  - Date on parotitis onset ___/___/___
  - Was parotitis (circle one): Unilateral Bilateral
  - Duration of parotitis ___ days
- Other glandular swelling, such as submaxillar or sublingual? Yes No Unknown
  - If yes, list gland(s) _____
  - If yes, list number of days of swelling ___ days
- Duration of symptoms, if any of these complications were identified
  - Meningitis: ___days Deafness: ___days
  - Encephalitis: ___days Orchitis: ___days
- Oophoritis? Yes No Unknown If yes, duration: ___days
- Mastitis? Yes No Unknown If yes, duration: ___days
- Hospitalization information (include information for each hospitalization related to mumps)
  - Date admitted ___/___/___ Date released ___/___/___
    Reason for hospitalization _____
  - Date admitted ___/___/___ Date released ___/___/___
    Reason for hospitalization _____

Outcome - if case died:

- Date of death ___/___/___
- Post mortem examination results _____
- Death certificate diagnosis _____

Laboratory

- Virus isolation performed? Yes No Unknown
  - If yes, specimen type _____ Date collected _____
  - Lab where testing was performed _____
  - Mumps identified? Yes No Unknown

Treatment

- Medications given (e.g. antiviral drugs, VZIG, aspirin, NSAIDs, etc.) _____
  _____
- Duration of treatment (days) for each medication given)_____
  _____

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

Notes/Other information:

Clinical Case Definition (1999):
An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting = 2 days, and without other apparent cause.

Case Classification (1999):
***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.**