Mumps Surveillance Worksheet

GENERIC MMG

Mumps_V1.0_MMG_F_R1_20180504

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **Phone** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE 48766-0 **NAME** _____
☐ physician ☐ PH clinic **ADDRESS** _____
☐ nurse ☐ laboratory **ZIP CODE** 52831-5 _____
☐ hospital ☐ other clinic **PHONE** (__ __ __) __ __ __ __ __ __ __
☐ other source type _____

SUBJECT ADDRESS CITY PID-11.3 _____
SUBJECT ADDRESS STATE PID-11.4 _____
SUBJECT ADDRESS COUNTY PID-11.9 _____
SUBJECT ADDRESS ZIP CODE PID-11.5 __ __ __ __ __
LOCAL SUBJECT ID PID-3 _____

CASE INFORMATION

Date of Birth PID-7 __ __ __ __ __ __ __ __ (month day year)
Sex M=male F=female U=unknown ☐ PID-8
Ethnic Group H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown ☐ PID-22

Race PID-10 erican Indian/Alaskan Native ☐Asian ☐Black/African American ☐Native Hawaiian/Pacific Islander ☐White ☐Not asked ☐ Refused to answer ☐Other 32624-9 ☐ Unknown

Country of Birth 78746-5 _____
Other Birth Place 21842-0 _____
Country of Usual Residence 77983-5 _____

Age at Case Investigation 77997-5 _
Age Unit* OBX-6 _
Reporting County 77967-8 _____
Reporting State 77970-2 _____

Date Reported 77995-9 __ __ __ __ __ __ __ __ (month day year)
First Reported to PHD 77970-2 __ __ __ __ __ __ __ __ (month day year)
National Reporting Jurisdiction 77968-6 ___

Earliest Date Reported to County 77972-8 __ __ __ __ __ __ __ __ (month day year)
Earliest Date Reported to State 77973-6 __ __ __ __ __ __ __ __ (month day year)

Case Class Status 77990-0 ☐Suspected ☐Confirmed ☐Unknown ☐Probable ☐Not a case
Case Investigation Start Date 77979-3 __ __ __ __ __ __ __ __ (month day year)

Case Investigation Status Code INV109 ☐approved ☐closed ☐ deleted ☐in progress ☐notified ☐ other_____ ☐ rejected ☐reviewed ☐suspended ☐unknown

Detection Method INV159 ☐ prenatal testing ☐ prison entry ☐ provider report ☐ routine physical ☐ self-referral ☐ other _____ ☐ unknown

CLINICAL INFORMATION

Hospitalized? Y=yes N=no U=unknown ☐ 77974-4
Hospital Admit Date 8656-1 __ __ __ __ __ __ __ __ (month day year)
Hospital Discharge Date 8649-6 __ __ __ __ __ __ __ __ (month day year)

Hospital Stay Duration 78033-8 0 – 998 ☐☐☐ days, 999=unknown
Illness Onset Date 11368-8 __ __ __ __ __ __ __ __ (month day year)
Illness End Date 77976-9 __ __ __ __ __ __ __ __ (month day year)

Illness Duration 77977-7 _____
Illness Duration Units* OBX-6 for 77977-7 ____
Date of Diagnosis 77975-1 __ __ __ __ __ __ __ __ (month day year)
Pregnancy Status 77996-7 Y=yes N=no U=unknown ☐

SIGNS and SYMPTOMS 56831-1

	Y	N	U		Y	N	U
Parotitis				Fever			
Sublingual salivary gland swelling				Jaw pain			
Submandibular salivary gland swelling				Muscle pain			
Headache				Tiredness			
Loss of appetite				Other _____			

Y=yes N=no U=unknown INV919

Parotitis INV301 ☐ bilateral ☐ unilateral ☐ other ☐ unk

SALIVARY GLAND SWELLING
ONSET DATE 85931-4 __ __ __ __ __ __ __ __ (month day year)
DURATION 85929-8 _____ (days)

COMPLICATIONS 67187-5

	Y	N	U		Y	N	U
Deafness				Orchitis			
Encephalitis				Pancreatitis			
Mastitis				Other _____			
Meningitis				Unknown			
Oophoritis				Death 77978-5			

Y=yes N=no U=unknown INV920

Type of Deafness INV307 ☐permanent ☐ temporary ☐other _____ ☐ unknown

Fever Onset Date 81266-9 __ __ __ __ __ __ __ __ (month day year)
Highest Temperature 81265-1 _____ . ____

Deceased Date PID-29 __ __ __ __ __ __ __ __ (month day year)
Temperature Units ☐ °Cel ☐ °F OBX-6 for 81265-1

*UNITS OBX-6 a=year h=hour mo=month w=week d=day min=minute s=second OTH=other UNK=unknown

LABORATORY TESTING

VPD Lab Message Reference Laboratory LAB143	VPD Lab Message Patient Identifier LAB598	VPD Lab Message Specimen Identifier LAB 125
_____	_____	_____

Was there laboratory testing done to confirm the diagnosis? LAB630 Y=Yes N=No U=Unknown ☐

Was case laboratory confirmed? INV164 Y=yes N=no U=unknow ☐ **Was a specimen sent to CDC for testing?** 82314-6 Y=yes N=no U=unk ☐

Test Type INV290	Test Result INV291	Test Result Quantitative LAB628	Result Units LAB115	Specimen Source (Type) 31208-2	Date Specimen Collected 68963-8 (mm/dd/yyyy)	Date Specimen Sent to CDC 85930-6 (mm/dd/yyyy)	Specimen Analyzed Date OBX-19 (mm/dd/yyyy)	Performing Laboratory Type 82771-7
IgM 1					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
IgM 2					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
IgG 1 acute					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
IgG conv					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
IgG single					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
culture					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
genotype					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
PCR 1					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
PCR 2					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
other					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
unspecified serology					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
molecular typing					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	
unknown					__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	

Test Results Codes

P=positive N=negative
X=not done I=Indeterminate
E=pending O=other
NS=no significant rise in titer
PS=significant rise in titer
U=unknown
VT=vaccine type strain
WT=wild type strain

Specimen Source Codes

1=bacterial isolate	8=cataract	15=NP aspirate	22=RNA	29=lavage	36=throat swab
2=blood	9=CSF	16=NP swab	23=saliva	30=stool	37=tissue
3=body fluid	10=crust	17=NP washing	24=scab	31=swab	38=urine
4=BAL	11=DNA	18=nucleic acid	25=serum	32=swab (skin lesion)	39=vesicle fluid
5=buccal smear	12=lesion	19=oral fluid	26=skin lesion	33=swab (nasal sinus)	40=viral isolate
6=buccal swab	13=macular scraping	20=oral swab	27=specimen	34=vesicular swab	41=other
7=capillary blood	14=microbial isolate	21=plasma	28=lumg	35=swab (internal nose)	42=unknown

Performing Laboratory Type 1=CDC lab 2=commercial lab 3=hospital lab 4=other clinical lab 5=public health lab 6=VPD testing lab 8=other 9=unknown

IMPORTATION AND EXPOSURE INFORMATION

Imported Code 77982-7 1=Indigenous 2=international 3=in state, out of jurisdiction 4=out of state 5=imported, unable to detemine source 9=unknown ☐

Imported Country INV153 _____ **Imported State** INV154 __ **Imported County** INV155 _____ **Imported City** INV156 _____

IMPORT STATUS: Did onset occur within 12-25 days of entering the U.S. following any travel? INV293 Y=yes N=no U=unknown ☐

IMPORT STATUS: US-Acquired INV516 1=import-linked case 2=imported virus case 3=endemic case 4=unknown source case 5=other _____ ☐

INTERNATIONAL DESTINATIONS OF RECENT TRAVEL 82764-2	_____	**Travel Return Date** __ __ __ __ __ __ __ __ (TRAVEL08) month day year	**Length of time in the U.S since last travel?** DEM225 _____
	_____		
	_____	**Travel Return Date** __ __ __ __ __ __ __ __ (TRAVEL08) month day year	**UNITS† LENGTH of TIME in the U.S.** (OBX-6 for DEM225) _____
	_____		

†UNITS OBX-6 a=year h=hour mo=month w=week d=day min=minute s=second OTH=other UNK=unknown

Is this case epi-linked to another confirmed or probable case? INV217 Y=yes N=no U=unknown ☐

Outbreak related? 77980-1 Y=yes N=no U=unknown ☐ **Outbreak Name** 77981-9 _____ **Investigation Start Date** 77979-3 __ __ __ __ __ __ __ __ month day year

Country of Exposure 77984-3 _____ **State/Province of Exposure** 77985-0 _____ **County of Exposure** 77987-6 _____ **City of Exposure** 77986-8 _____

TRANSMISSION SETTING 81267-7 ☐☐

1 = day care
2 = school
3 = doctor's office
4 = hospital ward
5 = hospital ER
6 = hospital outpatient
7 = home
8 = other _____
9 = unknown
10 = college
11 = military
12 = correctional facility
13=church
14 = international travel
15 = community
16 = work
17 = athletics

Transmission Mode 77989-2 _____

Detection Method INV159

☐ routine physical exam ☐ prenatal testing
☐ prison entry screening ☐ other _____
☐ provider reported ☐ self-referral ☐ unknown

Age & setting verified: does the age of the case match or make sense for the listed transmission setting? 85700-3 Y=yes N=no U=unknown ☐

VACCINATION HISTORY

Vaccinated (has the case-patient ever received a vaccine against this disease)? VAC126 Y=yes N=no U=unknown ☐

Number of vaccine doses received on or after first birthday? VAC129 0–6; 99=unknown ☐☐ (doses)

Number of vaccine doses received prior to illness onset? 82745-1 0–6; 99=unknown ☐☐ (doses)

Date of last vaccine dose prior to illness onset: VAC142 __ __ __ __ __ __ __ __ (mm/dd/yyyy)

Was case-patient vaccinated as recommended by the ACIP? VAC148 Y=yes N=no U=unknown ☐

Vaccine Type 30956-7	Vaccination Date 30952-6 month day year	Vaccine Manuf 30957-5	Vaccine Lot Number 30959-1	Vaccine Expiration Date VAC109 month day year	National Drug Code VAC153	Vaccination Record Identifier VAC102	Vaccine Event Information Source VAC147	Vaccine Dose Number 30973-2
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	____
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	____
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	____
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	____

VACCINE TYPE CODES

A=MMR **R**=rubella
B=mumps virus vaccine **RM**=rubella/mumps
MR=M/R **MM**=MMRV
M=measles virus vaccine **O**=other
U=unknown **N**=no vaccine administered

VACCINE MANUFACTURER CODES

M = Merck
O = other
U = unknown

VACCINE EVENT INFORMATION SOURCE CODES

00= new immunization record
01= historical information, source unidentified
02= historical information, other provider
05= historical information, other registry
06= historical information, birth certificate
07= historical information, school record
08= historical information, public agency
09= historical information, patient/parent recall
10= historical information, patient/parent written record
UNK= unknown
OTH= other

REASON NOT VACCINATED PER ACIP VAC149 ☐☐

1 = religious exemption
2 = medical contraindication
3 = philosophical objection
4 = lab evidence of previous disease
5 = MD diagnosis of previous disease
6 = too young
7 = parent/patient refusal
8 = other _____
9 = unknown
10 = parent/patient forgot to vaccinate
11 = vaccine record incomplete/unavailable
12 = parent/patient report of previous disease
13 = parent/patient unaware of recommendation
14 = missed opportunity
15 = foreign visitor
16 = immigrant
17 = vaccine not available

VACCINE HISTORY COMMENTS VAC133

CASE NOTIFICATION

Condition Code 10180 OBR-31	**Immediate National Notifiable Condition** Y=yes N=no U=unknown ☐ 77965-2	**Legacy Case ID** _____ 77997-5
State Case ID 77993-4 _	**Local Record ID** OBR-3 ___	**Jurisdiction Code** 77969-4
Binational Reporting Criteria 77988-4 _____		
Date First Verbal Notification to CDC __ __ __ __ __ __ __ __ (month day year) 77994-2	**Date Report First Electonically Submitted** __ __ __ __ __ __ __ __ (month day year) OBR-7	
Date of Electronic Case Notification to CDC -- -- -- -- -- -- -- -- (month day year) OBR-22	**MMWR Week** ____ 77991-8	**MMWR Year** _____ 77992-6

Notification Result Status OBR-25 ☐ Final results ☐ Record coming as correction ☐ Results cannot be obtained

Person Reporting to CDC NAME 74549-7 _____ (first) _____ (last)	**Person Reporting to CDC Email** 74547-1 _____ @ _____ **Person Reporting to CDC Phone No.** 74548-9 (__ __ __) __ __ __ __ __ __ __
Current Occupation 85658-3 _____	**Current Occupation Standardized** 85659-1 (NIOCCS code) _____
Current Industry 85078-4 _____	**Current Industry Standardized** 85657-5 (NIOCCS code) _____

COMMENTS 77999-1

CLINICAL CASE DEFINITION §

SUSPECTED

- Parotitis, acute salivary gland swelling, orchitis, or oophoritis unexplained by another more likely diagnosis,

OR

- A positive lab result with no mumps clinical symptoms (with or without epidemiological-linkage to a confirmed or probable case).

PROBABLE

- Acute parotitis or other salivary gland swelling lasting at least 2 days, or orchitis or oophoritis unexplained by another more likely diagnosis, in:
  - A person with a positive test for serum anti-mumps immunoglobulin M (IgM) antibody, **OR**
  - A person with epidemiologic linkage to another probable or confirmed case or linkage to a group/community defined by public health during an outbreak of mumps.

CONFIRMED

- A positive mumps laboratory confirmation for mumps virus with reverse transcription polymerase chain reaction (RT-PCR) or culture in a patient with an acute illness characterized by any of the following:
  - Acute parotitis or other salivary gland swelling, lasting at least 2 days
  - Aseptic meningitis
  - Encephalitis
  - Hearing loss
  - Orchitis
  - Oophoritis
  - Mastitis
  - Pancreatitis

§CSTE Position Statement 11-ID-18 at https://cdn.ymaws.com/www.cste.org/resource/resmgr/PS/11-ID-18.pdf