

Generic MMG

Mumps Surveillance Worksheet

Mumps_V1.0_MMG_F_R1_20180504

Name (Last, First)			Hospital Record Number			
Address (Street and Number)	City <input type="text" value="PID-11.3"/>	County <input type="text" value="PID-11.9"/>	State <input type="text" value="PID-11.4"/>	Zip Code <input type="text" value="PID-11.5"/>	Phone	
Reporting Physician/Nurse/Hospital/Clinic/Lab <input type="text" value="48766-0"/>		Address			Phone	

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

Mumps Surveillance Worksheet

County <input type="text" value="PID-11.9"/>	State <input type="text" value="PID-11.4"/>	ZIP CODE <input type="text" value="PID-11.5"/>			
Birth Date <input type="text" value="PID-7"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year	Age <input type="text" value="77998-3"/> <input type="text"/> <input type="text"/> <input type="text"/> 999=unknown	Age Type <input type="text" value="OBX-6"/> <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=unknown	Ethnicity H=Hispanic N=not <input type="checkbox"/> Hispanic <input type="checkbox"/> U=unknown <input type="checkbox"/> <input type="text" value="PID-22"/>	Race <input type="text" value="PID-10"/> N=Native American/Alaskan Native A=Asian/Pacific Islander B=African American W=White O=Other <input type="text" value="32624-9"/> U=Unknown	Sex <input type="text" value="PID-8"/> M=male F=female U=unknown <input type="checkbox"/>
Event Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year	Event Type <input type="checkbox"/> 1=Onset date <input type="text" value="11368-8"/> <input type="checkbox"/> 2=Diagnosis date <input type="text" value="77975-1"/> <input type="checkbox"/> 3=Lab test date <input type="text" value="OBX-19"/> <input type="checkbox"/> 4=Reported to County <input type="text" value="77972-8"/> <input type="checkbox"/> 5=Reported to State or MMRW report date <input type="text" value="77973-6"/> <input type="checkbox"/> 9=Unknown	Reported <input type="text" value="77995-9"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year	Import Status <input type="checkbox"/> 1=US-acquired <input type="text" value="77982-7"/> 2=International Import <input type="checkbox"/> 1=Import-linked <input type="checkbox"/> 2=Imported virus <input type="checkbox"/> 3=Endemic <input type="text" value="INV516"/> 4=Unknown source 8=Other	Report Status <input type="checkbox"/> <input type="text" value="77990-0"/> 1=Confirmed 2=Probable 3=Suspect 4=Unknown	

Parotitis (opposite 2 nd molars?) <input type="text" value="56831-1"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="text" value="INV919"/> U=Unknown <input type="checkbox"/> Unilateral <input type="text" value="INV301"/> <input type="checkbox"/> Bilateral	Jaw Pain? <input type="text" value="56831-1"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="text" value="INV919"/> U=Unknown
Salivary Gland Swelling (including parotitis) <input type="text" value="56831-1"/> Onset <input type="text" value="85931-4"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year Duration <input type="text" value="85929-8"/> <input type="text"/> <input type="text"/> <input type="text"/> 1-998 Number of days 999=Unknown Submandibular? <input type="checkbox"/> Y=yes <input type="checkbox"/> N=no <input type="text" value="INV919"/> U=unknown Sublingual? <input type="checkbox"/> Y=yes <input type="checkbox"/> N=unknown <input type="text" value="INV919"/> U=unknown	
NOTES <input type="text" value="77999-1"/>	

Meningitis? <input type="text" value="67187-5"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="text" value="INV920"/> U=Unknown	Deafness? <input type="text" value="67187-5"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="text" value="INV920"/> U=Unknown	Orchitis? <input type="text" value="67187-5"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="text" value="INV920"/> U=Unknown
Encephalitis? <input type="text" value="67187-5"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="text" value="INV920"/> U=Unknown	Death? <input type="text" value="77978-5"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="text" value="INV920"/> U=Unknown	Other Complications? <input type="text" value="67187-5"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="text" value="INV920"/> U=Unknown If Yes, please specify <input type="text" value="67187-5"/>
Hospitalized? <input type="text" value="77974-4"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="text" value="INV920"/> U=Unknown	Days Hospitalized <input type="text" value="78033-8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 999=Unknown	

Was Laboratory Testing Done for Mumps? <input type="text" value="LAB630"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	Date Serologic (IgG) Specimens Taken IgG (acute) <input type="text" value="68963-8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year Test Used <input type="text" value="INV290"/> Units Reported <input type="text" value="LAB115"/>	Result <input type="text" value="INV291"/> Result Codes <input type="text" value="INV291"/> P= Significant rise in IgG I = Indeterminate N = No significant rise in IgG E = Pending X = Not Done U = Unknown
	Date Serologic (IgG) Specimens Taken IgG (convalescent) <input type="text" value="68963-8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year Test Used <input type="text" value="INV290"/> Units Reported <input type="text" value="LAB115"/>	

Date First Reported to Health Department <input type="text" value="77970-2"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year	Date Case Investigation Started <input type="text" value="77979-3"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year
Outbreak Related? <input type="text" value="77980-1"/> <input type="checkbox"/> Y=yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	If Yes, Outbreak Name <input type="text" value="77981-9"/>
Transmission Setting (Where did this person acquire mumps?) <input type="text" value="81267-7"/> 1=Day care 2=School 3=Doctor's office 4=Hospital ward 5=Hospital ER 6=Hospital outpatient clinic	
If Other, Specify Transmission Setting <input type="text" value="81267-7"/>	

LABORATORY	Single IgG Specimen Only <input type="text" value="68963-8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month day year</small> Test Used <input type="text" value="INV290"/> Units Reported <input type="text" value="LAB115"/>	Result <input type="text" value="INV291"/>	EXPOSURE	Were Age and Setting Verified (is age appropriate for setting)? <input type="text" value="85700-3"/> Y=yes N=No U=Unknown <input type="checkbox"/>
	Date Serologic (IgM) Specimens Taken IgM (1) <input type="text" value="68963-8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small> IgM (2) <input type="text" value="68963-8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>	Result Codes <input type="text" value="INV291"/> P = Positive I = Indeterminate N = Negative E = Pending X = Not Done 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) Country <input type="text" value="77984-3"/> State (if Out of State) <input type="text" value="77985-0"/> County <input type="text" value="77987-6"/> City <input type="text" value="77986-8"/>
	Other Lab Results PCR <input type="text" value="68963-8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small> Culture <input type="text" value="68963-8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>month day year</small>			Epi-linked to Another Confirmed or Probable Case? <input type="text" value="INV217"/> Y=yes N=No U=Unknown <input type="checkbox"/>

VACCINE HISTORY	Vaccinated? (Received mumps-containing vaccine?) <input type="text" value="VAC126"/> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Notes (History of natural mumps disease?) <input type="text" value="VAC133"/>
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Vaccination Date	Vaccine Type	Manufacturer	Lot Number	Vaccine Type Codes	Vaccine Manufacturer Codes
<input type="text" value="30952-6"/>	<input type="text" value="30956-7"/>	<input type="text" value="30957-5"/>	<input type="text" value="30959-1"/>	<input type="text" value="30956-7"/> A=MMR B=Mumps O=Other U=Unknown	<input type="text" value="30957-5"/> M=Merck O=Other U=Unknown
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Number of Doses Received After 1st Birthday <input type="text" value="VAC129"/> <input type="checkbox"/> 9=unknown	If Not Vaccinated, What Was the Reason? <input type="text" value="VAC149"/> <input type="checkbox"/> <ul style="list-style-type: none"> 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
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Notes/Other information

Clinical Case Definition (2008)

An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid and or other salivary gland(s), lasting at least 2 days, and without other apparent cause.

Case Classification (2008)

Suspected: a case with clinically compatible illness or that meets the clinical case definition without laboratory testing or a case with laboratory tests suggestive of mumps without clinical information.

Probable: a case that meets the clinical case definition without laboratory confirmation and is epidemiologically linked to a clinically compatible case.

Confirmed: a case that: 1) meets the clinical case definition or has clinically compatible illness, and 2) is either laboratory confirmed or is epidemiologically linked to a confirmed case.