# Mumps Surveillance Worksheet

**Name (Last, First)**

**Hospital Record Number**

**Address (Street and Number)**

**City**

**County**

**State**

**Zip Code**

**Phone**

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**Reporting Physician/Nurse/Hospital/Clinic/Lab**

**Address**

**City**

**County**

**State**

**Zip Code**

**Phone**

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**County**

**State**

**ZIP CODE**

**Birth Date**

**Age**

**Age Type**

**Ethnicity**

**Race**

**Sex**

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**Event Date**

**Event Type**

**Reported**

**Import Status**

**Report Status**

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**Parotitis (opposite 2\textsuperscript{nd} molars)?**

**Jaw Pain?**

**Salivary Gland Swelling (including parotitis)**

**Submandibular?**

**Sublingual?**

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**Meningitis?**

**Deafness?**

**Orchitis?**

**Complications?**

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**Was Laboratory Testing Done for Mumps?**

**Date Serologic (IgG) Specimens Taken**

**Result Codes**

**Date Case Investigation Started**

**Outbreak Related?**

**Transmission Setting (Where did this person acquire mumps?)**

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**Notes**

**Laboratory**

**Epidemiologic**

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**Hospitalized?**

**Days Hospitalized**

**If Yes, please specify**

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**Date First Reported to Health Department**

**Date Case Investigation Started**

**Outbreak Related?**

**If Yes, Outbreak Name**

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**Date Serologic (IgG) Specimens Taken**

**Units Reported**

**Test Used**

**Units Reported**

**Test Used**

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**Result Codes**

**Result**

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**Date Serologic (IgG) Specimens Taken**

**Test Used**

**Units Reported**

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**Date First Reported to Health Department**

**Date Case Investigation Started**

**Outbreak Related?**

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**Transmission Setting (Where did this person acquire mumps?)**

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**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.