# Mumps Surveillance Worksheet

**NAME**

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
</tr>
</thead>
</table>

**ADDRESS (Street and No.)**

**Phone**

**Hospital Record No.**

---

**REPORTING SOURCE TYPE**

- [ ] physician
- [ ] PH clinic
- [ ] nurse
- [ ] laboratory
- [ ] hospital
- [ ] other clinic
- [ ] other source type

**NAME**

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
</tr>
</thead>
</table>

**ADDRESS**

**ZIP CODE**

**PHONE**

---

**SUBJECT ADDRESS CITY**

**SUBJECT ADDRESS STATE**

**SUBJECT ADDRESS COUNTY**

**SUBJECT ADDRESS ZIP CODE**

**LOCAL SUBJECT ID**

---

## CASE INFORMATION

**Date of Birth**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Sex**

- [ ] male
- [ ] female
- [ ] unknown

**Ethnic Group**

- [ ] Hispanic/Latino
- [ ] Not Hispanic/Latino
- [ ] Other
- [ ] Unknown

**Race**

- [ ] American Indian/Alaskan Native
- [ ] Asian
- [ ] Black/African American
- [ ] Native Hawaiian/Pacific Islander
- [ ] White
- [ ] Not asked
- [ ] Refused to answer
- [ ] Other
- [ ] Unknown

**Country of Birth**

**Other Birth Place**

**Country of Usual Residence**

**Age at Case Investigation**

**Age Unit**

**Reporting County**

**Reporting State**

**Date Reported**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Date First Reported to PHD**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**National Reporting Jurisdiction**

**Earliest Date Reported to County**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Earliest Date Reported to State**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Case Class Status**

- [ ] Suspected
- [ ] Confirmed
- [ ] Unknown
- [ ] Probable
- [ ] Not a case

**Case Investigation Start Date**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Case Investigation Status Code**

- [ ] approved
- [ ] closed
- [ ] deleted
- [ ] in progress
- [ ] notified
- [ ] other
- [ ] rejected
- [ ] reviewed
- [ ] suspended
- [ ] unknown

**Detection Method**

- [ ] prenatal testing
- [ ] prison entry
- [ ] provider report
- [ ] routine physical
- [ ] self-referral
- [ ] other
- [ ] unknown

**Hospitalized?**

- [ ] yes
- [ ] no
- [ ] unknown

**Hospital Admit Date**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Hospital Discharge Date**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Hospital Stay Duration**

- [ ] 0–999 days
- [ ] 999 days=unknown

**Illness Onset Date**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Illness End Date**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Illness Duration**

**Illness Duration Units**

**Date of Diagnosis**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Date of Fever Onset**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Highest Temperature**

<table>
<thead>
<tr>
<th>°Cel</th>
<th>°F</th>
</tr>
</thead>
</table>

**Parotitis**

- [ ] bilateral
- [ ] unilateral
- [ ] other
- [ ] unknown

**SALIVARY GLAND SWELLING**

**ONSET DATE**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**DURATION**

<table>
<thead>
<tr>
<th>days</th>
</tr>
</thead>
</table>

**Deafness**

- [ ] permanent
- [ ] temporary
- [ ] other
- [ ] unknown

**Type of Deafness**

**Date of Fever Onset**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Deceased Date**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Pregnancy Status**

- [ ] Y=yes
- [ ] N=no
- [ ] U=unknown

---

## CLINICAL INFORMATION

**Parotitis**

**Fever**

**Sublingual salivary gland swelling**

**Jaw pain**

**Submandibular salivary gland swelling**

**Muscle pain**

**Headache**

**Tiredness**

**Loss of appetite**

**Other**

---

**Deafness**

**Orchitis**

**Pancreatitis**

**Mastitis**

**Other**

**Meningitis**

**Unknown**

**Oophoritis**

**Death**

---

**SIGNS and SYMPTOMS**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parotitis</th>
<th>Fever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sublingual salivary gland swelling</td>
<td>Jaw pain</td>
</tr>
<tr>
<td>Submandibular salivary gland swelling</td>
<td>Muscle pain</td>
</tr>
<tr>
<td>Headache</td>
<td>Tiredness</td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>Other</td>
</tr>
</tbody>
</table>

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**COMPLICATIONS**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>U</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Deafness</th>
<th>Orchitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encephalitis</td>
<td>Pancreatitis</td>
</tr>
<tr>
<td>Mastitis</td>
<td>Other</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Unknown</td>
</tr>
<tr>
<td>Oophoritis</td>
<td>Death</td>
</tr>
</tbody>
</table>

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*UNITS*  

- [ ] a=year
- [ ] h=hour
- [ ] m=month
- [ ] w=week
- [ ] d=day
- [ ] min=minute
- [ ] s=second
- [ ] OTH=other
- [ ] UNK=unknown

---

SEP 2021
<table>
<thead>
<tr>
<th>Test Type</th>
<th>Test Result</th>
<th>Test Result Quantitative</th>
<th>Result Units</th>
<th>Specimen Source (Type)</th>
<th>Date Specimen Collected (mm/dd/yyyy)</th>
<th>Date Specimen Sent to CDC (mm/dd/yyyy)</th>
<th>Specimen Analyzed Date (mm/dd/yyyy)</th>
<th>Performing Laboratory Type</th>
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<tbody>
<tr>
<td>IgM 1</td>
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<td>unspecified serology</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Imported Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Indigenous</td>
</tr>
<tr>
<td>2</td>
<td>International</td>
</tr>
<tr>
<td>3</td>
<td>In state, out of jurisdiction</td>
</tr>
<tr>
<td>4</td>
<td>Out of state</td>
</tr>
<tr>
<td>5</td>
<td>Imported, unable to determine source</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**IMPORT STATUS: Did onset occur within 12-25 days of entering the U.S. following travel?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**INTERNATIONAL DESTINATIONS OF RECENT TRAVEL**

<table>
<thead>
<tr>
<th>Country</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Day care
- [ ] School
- [ ] Doctor’s office
- [ ] Hospital ward
- [ ] Hospital ER

**Travel Return Date**

- [ ] Month
- [ ] Day
- [ ] Year

**Length of time in the U.S. since last travel:**

- [ ] Month
- [ ] Day
- [ ] Year

**UNITS**

- [ ] A = year
- [ ] H = hour
- [ ] M = month
- [ ] W = week
- [ ] D = day
- [ ] Min = minute
- [ ] S = second

**Country of Exposure**

- [ ] Home
- [ ] Hospital outpatient
- [ ] Military
- [ ] Community
- [ ] Correctional facility
- [ ] Work
- [ ] Church
- [ ] Athletics

**Transmission Setting**

- [ ] Day care
- [ ] School
- [ ] Doctor’s office
- [ ] Hospital ward
- [ ] Hospital ER

**Age & Setting verified: does the age of the case match or make sense for the listed transmission setting?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Transmission Mode**

- [ ] Routine physical exam
- [ ] Prenatal testing
- [ ] Provider reported
- [ ] Self-referral
- [ ] Unknown

**Detection Method**

- [ ] Prison entry screening
- [ ] Other

**Is this case epi-linked to another confirmed or probable case?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Outbreak related?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Outbreak Name**

- [ ] Investigation Start Date

**Country of Exposure**

- [ ] Home
- [ ] Hospital outpatient
- [ ] Military
- [ ] Community
- [ ] Correctional facility
- [ ] Work
- [ ] Church
- [ ] Athletics

**City of Exposure**

- [ ] Home
- [ ] Hospital outpatient
- [ ] Military
- [ ] Community
- [ ] Correctional facility
- [ ] Work
- [ ] Church
- [ ] Athletics

**VACCINATION HISTORY**

**Vaccinated (has the case-patient ever received a vaccine against this disease)?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Number of vaccine doses received on or after first birthday?**

- [ ] 0–6
- [ ] 99 = unknown

**Number of vaccine doses received prior to illness onset?**

- [ ] 0–6
- [ ] 99 = unknown

**Date of last vaccine dose prior to illness onset:**

- [ ] (mm/dd/yyyy)

**Vaccine Type**

- [ ] Measles virus vaccine
- [ ] Rubella
- [ ] Mumps
- [ ] MMR
- [ ] MMRV
- [ ] Other

**Vaccine**

- [ ] Merck
- [ ] Other
- [ ] Unknown

**Vaccine Expiration**

- [ ] (mm/dd/yyyy)

**VACCINE EVENT INFORMATION SOURCE CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>00</td>
<td>New immunization record</td>
</tr>
<tr>
<td>01</td>
<td>Historical information, source unidentified</td>
</tr>
<tr>
<td>02</td>
<td>Historical information, other provider</td>
</tr>
<tr>
<td>05</td>
<td>Historical information, other registry</td>
</tr>
<tr>
<td>06</td>
<td>Historical information, birth certificate</td>
</tr>
<tr>
<td>07</td>
<td>Historical information, school record</td>
</tr>
<tr>
<td>08</td>
<td>Historical information, public agency</td>
</tr>
<tr>
<td>09</td>
<td>Historical information, patient/parent recall</td>
</tr>
<tr>
<td>10</td>
<td>Historical information, patient/parent written record</td>
</tr>
<tr>
<td>11</td>
<td>Vaccine record incomplete/unavailable</td>
</tr>
<tr>
<td>12</td>
<td>Parent/parent report of previous disease</td>
</tr>
<tr>
<td>13</td>
<td>Parent/parent unaware of recommendation</td>
</tr>
<tr>
<td>14</td>
<td>Missed opportunity</td>
</tr>
<tr>
<td>15</td>
<td>Immigrant</td>
</tr>
<tr>
<td>16</td>
<td>Foreign visitor</td>
</tr>
<tr>
<td>17</td>
<td>Vaccine not available</td>
</tr>
</tbody>
</table>

**REASON NOT VACCINATED PER ACIP**

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Religious exemption</td>
</tr>
<tr>
<td>2</td>
<td>Medical contraindication</td>
</tr>
<tr>
<td>3</td>
<td>Philosophical objection</td>
</tr>
<tr>
<td>4</td>
<td>Lab evidence of previous disease</td>
</tr>
<tr>
<td>5</td>
<td>MD diagnosis of previous disease</td>
</tr>
<tr>
<td>6</td>
<td>Too young</td>
</tr>
<tr>
<td>7</td>
<td>Parent/patient refusal</td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
<tr>
<td>10</td>
<td>Parent/patient forgot to vaccinate</td>
</tr>
<tr>
<td>11</td>
<td>Vaccine record incomplete/unavailable</td>
</tr>
<tr>
<td>12</td>
<td>Parent/patient report of previous disease</td>
</tr>
<tr>
<td>13</td>
<td>Parent/patient unaware of recommendation</td>
</tr>
<tr>
<td>14</td>
<td>Missed opportunity</td>
</tr>
<tr>
<td>15</td>
<td>Immigrant</td>
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<tr>
<td>16</td>
<td>Foreign visitor</td>
</tr>
<tr>
<td>17</td>
<td>Vaccine not available</td>
</tr>
</tbody>
</table>

**VACCINE HISTORY COMMENTS**
### 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